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**IDENTIFYING THE IMPACT OF 12-STEP PROGRAMS ON EXECUTIVES’
LEADERSHIP STYLES**

**A Research Project
Presented to the Faculty of
The George L. Graziadio
School of Business and Management
Pepperdine University**

**In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Organization Development**

**by
Kelly Whiteside
August 2013**

This research project, completed by

KELLY WHITESIDE

under the guidance of the Faculty Committee and approved by its members, has been submitted to and accepted by the faculty of The George L. Graziadio School of Business and Management in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE
IN ORGANIZATION DEVELOPMENT

Date: August 2013

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Abstract

This study examined the impact of 12-step programs on executives' leadership styles. Nine executives in active recovery from addiction were recruited using convenience and snowball sampling strategies and completed surveys and interviews about the use, outcomes, and transferability of 12-step program elements. Participants reported heavily relying on the 12-step program in their personal and professional lives. Participants reported several personal, professional, and leadership impacts as a result of their use of the 12-step program, such as learning to connect with God and others, achieving professional success, and having a different motivation. These impacts enable them to balance concerns of both humanity and results in the workplace. A 12-step program adapted for both a non-recovery population and organization specific culture could be an effective and inexpensive way to develop humanistic, results-oriented leaders. Continued research should use a larger sample and examine the unique impact of each program element.

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Chapter 1

Introduction

Leaders have profound impacts at the individual, group, and organizational levels. When addiction enters the picture, that impact can be highly destructive. Estimates suggest there are a substantial number of leaders struggling with addiction. Rehabinfo (n.d.) explained, “Using drugs to manage the pressures that come with a high-profile executive position is not an uncommon response” (para. 3):

[They] abuse drugs in order to maintain at work and at home, often traveling around the world, taking clients out to dinner, keeping late hours to complete projects, and then making early hours to present them. The cycle of stimulants and depressants to manage their schedule often becomes their version of “normal”—with deadly results if the issue goes untreated. (para. 1)

When an executive is struggling with addiction, a great deal of harm can occur at many levels of the organization, leading to low morale and productivity. It is important to understand how these adverse outcomes can be avoided.

When executives seek recovery from addiction, one framework readily available for support is the 12-step program, which outlines a process for trusting a higher power, getting clean and sober, and serving others within the context of a peer group of others recovering from addictions. The first 12-step program was Alcoholics Anonymous (AA), founded in 1935. Today, approximately 114,000 12-step groups are in operation with more than 2,000,000 members in approximately 170 countries (Alcoholics Anonymous World Services, Inc., 2012).

For those who pursue recovery, literature suggests that several beneficial personal outcomes result, such as greater awareness of their tendencies for perfectionism, fear, and anxiety; improved work-life boundaries and work-life balance; adoption of a servant model of work-life roles; and greater resilience for work challenges (Iversen, 2011).

However, no studies were found that examined the influence of recovery and, specifically, the 12-step program, on leader style and behaviors.

Given the far-reaching consequences that leaders struggling with addiction have on themselves, their organizations, and those who surround them, it is critical to understand the potential impacts that involvement in 12-step recovery can have on their leadership styles and behaviors.

Purpose of the Study

The purpose of this exploratory study was to examine the impact of 12-step programs on executive leadership styles. Four research questions were examined:

1. To what extent do they identify with 12-step philosophies?
2. To what extent do they use 12-step principles, traditions, and slogans in their leadership?
3. What outcomes do the leaders attribute to their use of the 12 steps in their leadership?
4. What is the perceived applicability of the 12-step program for leadership development beyond the recovery community?

Significance of the Study

There is a stunning silence in the literature on the topic of addiction and recovery (and the impacts of each) among executives. This silence is startling. Given the substantial pressures executives face, it is not uncommon for executives to use substances due to the lifestyle and their efforts to meet the demands of their work (Rehabinfo, n.d.). This study helps begin to fill this gap by examining executive identification with and use of 12-step programs in their leadership. These insights can produce new knowledge about the benefits and potential drawbacks of 12-step principles for leaders—not only for those in recovery but also for those who are not. This knowledge can lead to recommendations for leadership development, executive coaching, and leader support.

Researcher Background

I run business sales operations for a large company. I got sober March 16, 1988, and I find myself applying principles I learned through the 12-step programs I attended on a daily basis in my professional life.

Although I am not a trained professional in the area of addiction and recovery, I have studied the literature of both AA and Narcotics Anonymous and I have worked the 12 steps many times. I have shared my experience, strength, and hope with others at work. I have been able to be a resource for people struggling with the damage addiction has created in their own lives, either personally or by a loved one. Through sponsorship of people in recovery, I also have worked with many women and seen what I believe are miracles that happen when people's lives are restored through the process of working the steps. Families have been reunited, once broken relationships have been healed and become stronger than before, and goals have been achieved that were once unimaginable. I have cultivated a conscious awareness of the steps and how to apply them. The 12 steps have given me a framework of problem solving that facilitates my ongoing physical, emotional, and spiritual growth.

My experiences have lead me to wonder if other executives in recovery have similar views and what their experiences have been regarding the application of AA principles to their leadership. I also began to wonder if the 12-step framework—reworded for a non-alcoholic—would work in a professional environment and be relevant and meaningful for leaders in their daily work.

Given my professional and personal experiences of the power of the 12 steps, I was stunned by the paucity of research on this framework—beyond what was available in books published by the AA World Services, Inc., organization. Moreover, I did not find

literature that made explicit connections between the framework and leadership competencies and behaviors. This gap in the literature piqued my interest and prompted me to conduct research that would examine the utility of the framework for leaders.

Organization of the Study

This chapter provided the introduction and background for the study. The background of the problem was presented, followed by a statement of the purpose and research questions. The significance of the study and the researcher's personal experience with the topic was shared.

Chapter 2 provided a review of literature related to the study. Studies and theory related to substance abuse and addiction and 12-step programs were examined.

Chapter 3 described the methods that will be used in this study. An overview of the research design was provided first, followed by a discussion of the procedures related to sampling, ethical considerations, data collection, and data analysis.

Chapter 4 reported the results of the study. Participant profiles were presented first, followed by results related to participants' identification with 12-step philosophies; participants' use of 12-step principles, traditions, and slogans in leadership; perceived outcomes of the 12 steps in leadership; and perceived applicability of the 12-step program to leadership development. Statistical findings from the survey and themes generated from the interview data were reported.

Chapter 5 presented a discussion of the results. This discussion addressed a summary of findings, conclusions, recommendations, limitations, and suggestions for further research emerging from the study.

Chapter 2

Literature Review

The purpose of this study was to examine the impact of 12-step programs on executives' leadership styles. Four research questions were examined:

1. To what extent do they identify with 12-step philosophies?
2. To what extent do they use 12-step principles, traditions, and slogans in their leadership?
3. What outcomes do the leaders attribute to their use of the 12 steps in their leadership?
4. What is the perceived applicability of the 12-step program for leadership development beyond the recovery community?

This chapter reviews relevant studies and theory related to this purpose. First, substance use and addiction are discussed to provide foundational understanding regarding the nature and extent of the problem, its impacts, and its treatment. Second, 12-step programs are discussed. Their history is presented, followed by a presentation of program elements and an overview of documented outcomes. The chapter closes with a summary of literature, which draws connections between these three bodies of literature and illustrates the gaps in current knowledge regarding recovering leaders' use of 12-step principles in their leadership.

Substance Use and Addiction

Use of alcohol and other substances in the general population dates back across civilizations for more than 5000 years. Standage (2005) pointed out that beer brewing became possible for the first time in Mesopotamia around 3400 B.C.E. due to surpluses in grain crops. For example, alcohol often is used in rituals of celebration and at organizational functions. Peyote is a small, spineless cactus that contains the active ingredient of mescaline, a hallucinogen. Native people of northern Mexico and the

southwestern United States use peyote as part of religious ceremonies (National Institute on Drug Abuse, 2009).

The National Institute on Drug Abuse (2012) estimated that in 2011, 22.5 million Americans age 12 or older (8.7% of the US population) abused a psychotherapeutic medication or used an illicit drug in the past month (see Table 1). In 2002, this figure was 8.3%; thus, drug abuse appears to be increasing. The report adds that the increase is mostly due to use of marijuana, which is the most commonly used illicit drug.

Table 1

Use of Illicit Drugs or Abuse of Psychotherapeutic Medication in the United States for 2011

Substance	Percent of United States Population Using Substance within Past Month
Illicit drug	22.5%
Marijuana	18.1%
Psychotherapeutics	6.1%
Cocaine	1.4%
Hallucinogens	1.0%
Inhalants	0.6%
Heroin	0.3%

Note. Based on data from National Institute on Drug Abuse (2012). DrugFacts: Nationwide trends. Washington, DC: NIH. Retrieved from <http://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

Among those who use drugs, substance use typically began during their teenage years. The National Institute on Drug Abuse (2012) reports that 3.1 million people tried illicit drugs for the first time in 2011 (8,400 per day) and 51% of these individuals were under age 18. The first drug of choice often is marijuana (chosen by 67.5% of new users), followed by prescription pain relievers (14.0%) and inhalants (7.5%). Younger teens typically start with inhalants.

Drug use is highest among people ranging in age from the late teens to 20s (23.8% of the population in 2011). Drug usage remains roughly consistent in the 21-25 age (20.5% of the population) and then rather steeply drops off over the years, decreasing

to 6.4% by the 40-44 age group and decreasing further to 1.0% in the population aged 65 and older. However, comparison of the data from 2002 to 2011 data reveals an increase from 1.9-3.4% of people in their 50s using drugs in 2002 to 6.0-6.7% of people in the same age group using drugs. According to the National Institute on Drug Abuse (2012), “This is, at least in part, due to the aging of the baby boomers, whose rates of illicit drug use have historically been higher than those of previous cohorts” (para. 8).

Despite these figures, more people use alcohol than any other drug, likely due to its legality, promotion, and widespread availability (George Washington University Medical Center, 2005). Alcohol use by underage individuals (aged 12 to 20) has declined since 2002, when the rate was 28.8%. Also in 2002, 18.1 million (7.7%) of Americans reported alcohol dependence or abuse. In 2011, the rate of use by underage individuals was 25.1%. Binge drinking within this group also declined from 19.3% to 15.8%, as did heavy drinking (from 6.2% to 4.4%). Additionally, binge drinking and heavy drinking are more common among males than females. In 2011, only 13.9% of females reported binge drinking and only 2.6% of females reported heavy drinking, versus 30% of males reporting binge drinking and 9.1% reporting heavy drinking. Alcohol dependence and abuse also has declined.

Substance abuse. Of all substances, alcohol exhibits the highest rate of addiction within the United States: 16.7 million (6.5%) Americans reported dependence on or abuse of alcohol in 2011 (National Institute on Drug Abuse, 2012). This is compared to the number of Americans meeting clinical criteria for dependence or abuse of marijuana (4.2 million or 1.62%), prescription pain relievers (1.8 million or 0.69%), or cocaine (821,000 or 0.32%).

A factor complicating diagnosis, treatment, and discussion of substance use and abuse is the lack of clear definition. For example, no standard definition of “normal drinking” exists (Dufour, 1999; Hasin, 2003). However, the most accepted definition is that presented by the National Institute on Alcohol Abuse and Alcoholism (1992): one drink per day for a woman and two drinks a day for a man, where one drink equals half an ounce of absolute alcohol or five ounces of table wine. Drinking in excess of this is termed *alcohol dependence* or *alcohol abuse* (American Psychological Association, 2005), although even normal drinking can be problematic, depending upon the diet or body weight of the individual. According to the American Psychological Association (2005), alcohol abuse refers to unmanageability at least 1 time in a 12-month period, such as inability to carry out normal duties at work or home due to drinking. Alcohol dependence is defined as a three incidents of alcohol abuse in 12 months.

Based on figures from The Substance Abuse and Mental Health Services Administration (SAMHSA, 2006), roughly one quarter to one third of employees aged 18 to 34 misuse alcohol and roughly one fifth of employees aged 35 to 54 misuse alcohol. SAMHSA reported that approximately 42.1 million working individuals deal with alcohol misuse. There may be a particularly high prevalence of alcohol issues in certain industries where drinking on the job has been considered normal (Sonnenstuhl, 1996). SAMHSA (2002) estimated that 15% to 18% of the construction and mining workforce suffer from problems with alcohol dependence (SAMHSA, 2002). Based on these figures, it is reasonable to conclude that substance abuse is a substantial workplace issue. For example, Mangione, Howland, and Lee (1999) found in their survey of more than 14,000 employees from seven Fortune 500 companies regarding alcohol use and performance problems in the workplace that nondependent alcohol users caused 59% of

alcohol-related problems. Moreover, offsite consumption of substances affected workers' onsite performance much more than they originally thought. Mangione et al. further found that upper level managers were more likely to drink during the work day than hourly workers.

Costs of addiction. Substance abuse and addiction affects the individuals themselves, their loved ones, and in the case of working individuals, their employers. Individuals who abuse or are dependent on substances often ultimately face legal problems such as traffic or other citations, develop work-related performance problems, and often experience discord in the home (Blum, Roman, & Harwood, 1995).

Matano, Wanat, Westrup, Koopan, and Whitsell (2002) reported that alcoholism causes "500 million lost workdays each year" in the United States (p. 31). Lost workdays occur not only through absences but also through less tangible effects, such as trouble concentrating, mistakes and accidents, physical discomfort, poor decisions, and errors in judgment (SAMHSA, 2006). As early as Fisher's (1926) study of alcohol in the organization, evidence has been produced that use of substances decrease employees' productivity. SAMHSA (2006) estimated the annual cost of alcohol problems alone to total \$134 billion.

Substance abuse also has been associated with emotional upset and outbursts, leading to workplace violence and harassment. Bennett and Lehman (1998) found in their study of employee drinking and the impacts on coworkers that one person's abusive drinking can trigger chain reactions of emotional upset, verbal and physical violence, and impaired decision-making.

Iversen (2011) further concluded based on his review of addiction literature that individuals who are addicted to alcohol lose themselves in various ways, including the

distortion of oneself and one's world by avoiding reality, seeking illusory transcendence (e.g., self-aggrandizement and seeking "special" status), and becoming alienated and disconnected from others. Iversen concluded that due to these mechanisms, "alcoholics often are unlikely to contribute to their organizations and communities in a constructive manner. This condition leads to further isolation, marginalization, alienation, and defensive routines" (pp. 29-30).

Treatment. Despite the prevalence of substance abuse in the United States, the National Institute on Drug Abuse (2012) points out that there continues to be a large "treatment gap" in the nation. In 2011, these researchers estimated that 21.6 million Americans (8.4%) needed treatment for a problem related to drugs or alcohol, but only about 2.3 million people (less than 1%) received treatment at a specialty facility. This could be due to several factors, a leading one of which may be lack of acknowledgment of the problem by the individual, termed *hitting bottom* or *waking up* according to AA (Alcoholics Anonymous World Services, Inc., 2001). Lack of access to or reluctance to join a supportive community also might explain the lack of treatment (Bennett & Lehman, 2001).

Typical approaches for treating substance abuse include cognitive behavioral therapy, motivational enhancement interviewing, and 12-step programs. Cognitive behavioral therapy focuses on changing the individual's attitudes, thoughts, and coping skills related to substance abuse and other situations that provoke the substance abuse (Longabaugh & Morgenstern, 1999). Motivational enhancement interviewing focuses on cultivating empathy for clients, enhancing their motivation to change, and reducing obstacles to change (Miller & Rollnick, 2002). These two approaches typically are utilized by psychotherapists and addiction counselors to support change in their clients. It

is important to note that relapse rates for these recovery programs are similar based on an 8-year longitudinal study of 1,726 patients (National Institute on Alcohol Abuse and Alcoholism, 1996). Relapse rates range from 50% to 80% and 50% of treated patients in the study relapsed in the first 3 months after treatment.

Twelve Step Programs

AA is the flagship 12-step program from which myriad other programs emerged to support people struggling with addiction to move toward recovery. AA was founded on June 10, 1935, by two self-proclaimed hopeless alcoholics, Bill Wilson and Bob Smith, in Akron, Ohio. By 1937, the group had more than 100 members. By the end of 1939, membership had exceeded 800 individuals. By March 1941, membership grew to 2000 members, and by the end of 1941, 8000 members. In 1976, there was an estimated 1,000,000 members across 28,000 groups in 90 countries. By November 2001, membership doubled again to an estimated 2,000,000 members across 114,800 groups in 170 countries. AA materials have been translated into 43 languages (Alcoholics Anonymous World Services, Inc., 2001, 2012).

At its essence, a 12 step program is a highly structured, peer-facilitated support group (Alcoholics Anonymous World Services, Inc., 2001, 2012). The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership. Instead, each group is self-supporting through its own member contributions. AA is not allied with any sect, denomination, political group, organization, or institution, as it does not wish to engage in any controversy. Neither does it endorse or oppose any cause. Its members' primary purpose is to stay sober and help others struggling with substance abuse to achieve sobriety.

The program is nonclinical, humanistic, and spiritually oriented. It is a path to recovery that encourages people to take responsibility for their substance abuse, address character flaws, and develop a personal spirituality that fuels their recovery (Alcoholics Anonymous World Services, Inc., 2001). AA defines sobriety as complete abstinence from all substances. It believes that recovery requires a consistent spiritual practice of aligning to a higher power, transforming one's views of self and others, and regularly engaging in fellowship to share "strength, hope, and experience" (p. 312). AA's 12 steps and focus on peer support are considered to be breakthroughs in the recovery field. Accordingly, it was the first program in history to show efficacy in helping individuals deal with substance abuse problems.

AA has assembled a vast array of materials and design elements as part of the overall program to promote shared values and practices. The aim of these combined design elements is to help members reach an epiphany, galvanize their personal energy to stop abusing substances, and sustain a lifestyle of recovery. The mission of the program is for recovering alcoholics and addicts to transform their minds, hearts, and lives through a consistent practice of attending meetings; working the 12 steps, 12 traditions, and 12 concepts of service; being of service; practicing the slogans; working with a sponsor and sponsoring others; and, ultimately, surrendering to the process. AA's success has demonstrated that individual effort, peer support, and a non-denominational spiritual outlook combine to create an effective intervention in the treatment of alcoholism. The next section describes the 12 step's program elements in detail.

Program elements. Nine program elements are central to the 12-step program. As stated above these include attending meetings, working the 12 steps, working the 12 traditions, working the 12 concepts of service, being of service, practicing the slogans,

working with a sponsor, being sponsored, and surrendering to the process. Each design element is described in the sections below.

Attending meetings. AA advocates that recovering individuals must regularly take part in a communal culture of recovery. Generally, this is through regular meetings that follow a prescribed format that reinforce the steps, traditions, concepts of service, slogans, and other beliefs and ways of being endemic to the 12 steps. It is particularly critical to join this kind of community, as the person choosing sobriety often has to leave behind his or her old group of friends who still are using substances. Moreover, it is not uncommon for friendships to develop within the meetings that carry over into hobbies and pastimes outside the meeting time. Such activities can help the recovering individual create a new social environment that does not include use of substances. This step is critical for transforming the individual's lifestyle.

The typical guideline within AA is to attend 90 meetings within the first 90 days of sobriety to allow individuals to immerse in the new culture and receive ample support. Particularly in larger cities, meetings typically are held early in the morning, at lunch, and in the evening. Individuals may attend as many meetings within one day as they need or want. Regularly gathering with others in recovery enable newly recovering individuals to assimilate with the new culture where members understand the pain and the denial patterns associated with recovery from substance abuse.

Working the 12 steps. The 12 steps outline a framework and method for personal transformation. Individuals are instructed to work one step at a time. Over the course of one's recovery, it is common for individuals to repeat certain steps as needed and to work through the entire series of steps multiple times. Each step is accompanied by additional

reading, exercises, and other techniques to deepen the individual's understanding and mastery of the steps. It typically takes several months or years to work through the steps.

The 12 steps have been widely published and adapted for a wide range of behavioral issues and addictions. The following 12 steps are written for the original focus of AA on alcoholism (Alcoholics Anonymous World Services, Inc., 2001, p. 59):

1. We admitted we were powerless over alcohol—that our lives had become unmanageable. The principle underlying this step is developing honesty with oneself and others.
2. Came to believe that a Power greater than ourselves could restore us to sanity. The principle underlying this step is developing hope for change.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*. The principle underlying this step is developing faith in a higher power and surrendering to it.
4. Made a searching and fearless moral inventory of ourselves. The principle underlying this step is developing the courage to face the reality of oneself and one's actions without distortion.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs. The principle underlying this step is developing the integrity to acknowledge our actions and impacts and to take responsibility for them.
6. Were entirely ready to have God remove all these defects of character. The principle underlying this step is developing willingness to be changed.
7. Humbly ask Him, to remove our shortcomings. The principle underlying this step is developing the humility to ask for help.
8. Made a list of all persons we had harmed, and became willing to make amends to them all. The principle underlying this step is developing brotherly love for all others.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others. The principle underlying this step is develop the self-discipline to correct ourselves in cases of wrongdoing.
10. Continued to take a personal inventory and when we were wrong promptly admitted it. The principle underlying this step is developing perseverance in monitoring and correcting ourselves.

11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for the knowledge of his will for us and the power to carry that out. The principle underlying this step is developing awareness of God's will.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs. The principle underlying this step is developing a heart and orientation for service and charity.

Working the 12 traditions. Accompanying the 12 steps are the 12 traditions.

Whereas the 12 steps provide a framework for personal transformation, the 12 traditions provide guidelines for governing the group. The traditions were developed to aid in conflict resolution, particularly with respect to publicity, religious choices, and finances. The traditions are as follows (Alcoholics Anonymous World Services, Inc., 2001, p. 562):

1. Unity Principle: The AA member conforms to the principles of recovery; at first because he must, later because he discovers a way of life he really wants to live.
2. Group Conscience Principle: When we come to understand the wisdom of the group decision and the necessity of patiently awaiting developments, the real and permanent leadership of AA can offer the quiet opinion, the sure knowledge and humble example that resolve a crisis, leading by example, rather than driving by mandate.
3. Open Membership Principle: When confronted by the fear that is the true basis of intolerance, we need only ask, "What would the Master do?"
4. Autonomy Principle: Eventually, we must conform to whatever tested principles guarantee survival. Sobriety must be our sole objective. In all other respects there is perfect freedom of will and action. We have the right to be wrong, but we no longer have the right to harm others.
5. Primary Purpose Principle: It is the great paradox of AA that we know we can seldom keep the precious gift of sobriety unless we give it away.
6. Conflicting Interest Principle: We are all perfectionists who, failing perfection, have gone to the other extreme. We can not be all things to all men, nor should we try.

7. Self-Supporting Principle: We, too, should be self-supporting through our own contributions. Not only is it a responsibility of sobriety, it is essential to our self-esteem.
8. Prudence Principle: We give freely what has been given freely to us.
9. Spirit of Service Principle: Unless each AA member follows to the best of his ability our suggested Twelve Steps to recovery, he almost certainly signs his death warrant. His drunkenness and dissolution are not penalties inflicted by people in authority; they result from his personal disobedience to spiritual principles.
10. Outside Issues Principle: We should not back away from our individual responsibility to act as we believe upon the issues of our time, yet self-righteousness should not cause us to enforce our will on others.
11. Attraction Rather than Promotion Principle: Personal ambition has no place in AA. There is never need to praise ourselves.
12. Anonymity Principle: The spiritual substance of anonymity is sacrifice. We try to give up our natural desires for personal distinction as AA members both among fellow alcoholics and before the general public. We are sure that humility, expressed by anonymity, is the greatest safeguard that Alcoholics Anonymous can ever have.

Working the 12 concepts of service. Bill White, AA's co-founder, wrote the 12 concepts for world service as a guideline for the global operations, structure, and interrelations of the AA chapters. The concepts were created based on AA's early history and experience and are believed to influence individuals' recovery along with the 12 steps and 12 traditions. The concepts were adopted by AA's General Service Conference in 1962 (Alcoholics Anonymous World Services, Inc., 2002). The concepts are as follows (ABSCO, 1999, p. 1):

1. Final responsibility and the ultimate authority for AA world services should always reside in the collective conscience of our whole fellowship.
2. When, in 1955, the AA groups confirmed the permanent charter for their General Service Conference, they thereby delegated to the Conference complete authority for the active maintenance of our world services and thereby made the Conference—excepting for any change in the Twelve Traditions or in Article 12 of the Conference Charter—the actual voice and the effective conscience for our whole Society.

3. As a traditional means of creating and maintaining a clearly defined working relation between the groups, the Conference, the AA General Service Board and its several service corporations, staffs, committees and executives, and of thus insuring their effective leadership, it is here suggested that we endow each of these elements of world service with a traditional "Right of Decision."
4. Throughout our Conference structure, we ought to maintain at all responsible levels a traditional "Right of Participation," taking care that each classification or group of our world servants shall be allowing a voting representation in reasonable proportion to the responsibility that each must discharge.
5. Throughout our world services structure, a traditional "Right of Appeal" ought to prevail, thus assuring us that minority opinion will be heard and that petitions for the redress of personal grievances will be carefully considered.
6. On behalf of AA as a whole, our General Service Conference has the principal responsibility for the maintenance of our world services, and it traditionally has the final decision respecting large matters of general policy and finance. But the Conference also recognizes that the chief initiative and the active responsibility in most of these matters should be exercised primarily by the Trustee members of the Conference when they act among themselves as the General Service Board of Alcoholics Anonymous.
7. The Conference recognizes that the Charter and the Bylaws of the General Service Board are legal instruments: that the Trustees fully empowered to manage and conduct all of the world service affairs of Alcoholics Anonymous. It is further understood that the Conference Charter itself is not a legal document: that it relies instead upon the force of tradition and the power of the AA purse for its final effectiveness.
8. The Trustees of the General Service Board act in two primary capacities: (a) With respect to the larger matters of over-all policy and finance, they are the principal placers and administrators. They and their primary committees directly manage these affairs. (b) But with respect to our separately incorporated and constantly active services, the relation of the Trustees is mainly that of full stock ownership and of custodial oversight which they exercise throughout their ability to elect all directors of these entities.
9. Good service leaders, together with sound and appropriate methods of choosing them, are at all levels indispensable for our future functioning and safety. The primary world service leadership once exercised by the founders of AA must be necessarily be assumed by the Trustees of the General Service Board of Alcoholics Anonymous.
10. Every service responsibility should be matched by an equal service authority—the scope of such authority to be always well defined whether by tradition, by resolution, by specific job description or by appropriate charters and bylaws.

11. While the trustees hold final responsibility for AA's world service administration, they should always have the assistance of the best possible standing committees, corporate service directors, executives, staffs and consultants. Therefore, the composition of these underlying committees and service boards, the personal qualifications of their members, the manner of their induction into service, the systems of their rotation, the way in which they are related to each other, the special rights and duties of our executives, staffs and consultants, together with a proper basis for the financial compensation of these special workers, will always be matters for serious care and concern.
12. General Warranties of the Conference: in all its proceedings, the General Service Conference shall observe the spirit of the AA Tradition, taking great care that the conference never becomes the seat of perilous wealth or power; that sufficient operating funds, plus an ample reserve, be its prudent financial principle; that none of the Conference Members shall ever be placed in a position of unqualified authority over any of the others: that all important decisions be reached by discussion vote and whenever possible, by substantial unanimity; that no Conference action ever be personally punitive or an incitement to public controversy; that though the Conference may act for the service of Alcoholics Anonymous, it shall never perform any acts of government; and that, like the Society of Alcoholics Anonymous which it serves, the Conference itself will always remain democratic in thought and action.

Being of service. From the 12 steps, to the 12 traditions, to the 12 concepts of service, the idea of humbling oneself and being of service emerges as a central behavior trait that 12-step programs strive to cultivate within its members (Alcoholics Anonymous, 2001). For example, the principle underlying Step 12 is developing a heart and orientation for service and charity.

Practicing the slogans. Slogans are another central feature of 12-step programs. These short statements convey home truths and quick nuggets of advice whose origins often can be found in other spiritual traditions. The slogans are designed to fit specific situations and challenges members face with the aim of reminding members to stay on the path of recovery (DARA, 2008-2011). Thus, the slogans are designed to complement the 12 steps and “not only emphasize the actions people need to take to work the program

effectively, but they also provide other useful advice. These catchphrases get repeated regularly at 12-step meetings so that members are reminded of them” (para. 2). Although hundreds of 12-step slogans exist, DARA presented 15 slogans they believe to be most common around the world (para. 4-19):

1. Let go and let God. The advice here is to develop the capacity to let go of problems. It involves putting faith in a higher power in the belief that things will turn out as they should. The individual is not the master of the whole universe and by letting go they acknowledge this. If people try to control too much of their own life it will just mean that they are getting in the way.
2. One day at a time. This is probably the most famous of all the AA slogans. It reminds the member that they have no control over tomorrow. Their only job is to do the best they can today. Attempting to fight tomorrow’s battles tends to do a lot more harm than good. There is already enough that needs doing today.
3. This too shall pass. Life is constantly changing and so are the things that people will experience. Even if problems seem huge at the time they are unlikely to seem so important in the future. This slogan is a reminder to people to hang in there with the knowledge that nothing lasts forever. It is similar to the idea that “time heals all wounds”.
4. Think, Think, Think. Acting rashly often leads to negative results. This catchphrase reminds people to think carefully before they do something they might later regret.
5. Keep coming back, it works if you work it. This slogan is usually chanted at the end of an AA meeting. It reminds people that if they stick with the program they will continue to benefit greatly from it in the future.
6. We are only as sick as our secrets. Keeping things hidden can get in the way of a successful recovery. The individual needs to be completely honest and open. This emphasizes the importance of fearless moral inventory as part of the steps.
7. Look for the similarities and not the differences. If people are only focused on the differences they will fail to learn from the experiences of other people. Terminal uniqueness can lead people back to addiction.
8. Easy does it, but do it! People shouldn’t try to take on too much or have expectations that are too high. This doesn’t mean that they should have low expectations and not put in any effort.

9. What you hear here, what you see here, when you leave here, let it stay here. This is a reminder of the importance of anonymity in the meetings.
10. 90 meetings in 90 days. This is the advice given to newcomers to ensure that they get a good grounding in the program. It also ensures that they have adequate support during the early months of sobriety when people are particularly fragile.
11. Nothing is so bad that a drink won't make worse. Life in recovery means facing a lot of challenges. No matter how tough it gets the individual is reminded that it would be a lot worse if they were drinking.
12. Stick with the winners. There are many types of people who end up in the rooms of Alcoholics Anonymous. The meetings are open to anyone and people will have different motives for being there. Not everyone in AA has a strong recovery; some of these people may even be described as dry drunks. Hanging around with the wrong crowd can have a negative impact—especially for people who are new to recovery. This slogan then is a reminder to stick with those who will be a positive influence.
13. Poor me, poor me, pour me a drink. This is a reminder about the dangers of negative thinking and how it can increase the risk of relapse.
14. I came, I came to, I came to believe. This catchphrase nicely encapsulates the first three steps of the program.
15. Sobriety delivers everything that alcohol promised. People will usually have turned to alcohol because they were unable to find happiness in life. In the beginning alcohol appeared to improve things, but then life became worse than ever. Sobriety gives people the chance to experience genuine happiness and freedom.

Working with a sponsor and sponsoring others. The idea of sponsorship dates back to the very inception of AA when the founders realized that by sharing their struggles and journeys of recovery, their own wisdom deepened and their resolve strengthened. Over time, evidence grew that individuals who had sponsors and who sponsored others had higher rates of success. This is because when members first choose recovery, they

may feel confused and sick and apprehensive. Although people at meetings respond to our questions willingly, that alone isn't enough. Many other questions occur to us between meetings; we find that we need close, constant support as we begin learning how to "live sober." On the flip side, we know that our own

sobriety is strengthened when we give it away. It assures the newcomer that someone really cares. (Alcoholics Anonymous World Service, Inc., 1973, p. 1)

Although sponsors and sponsees are considered equal, the sponsor is more experienced in recovery and acts as a guide to the newer individual. New members in 12-step programs are encouraged to develop a relationship with at least one sponsor, although each relationship is one-on-one and oriented around sharing experiences, strength, and hope related to working the 12 steps. For example, sponsors might suggest specific readings to the sponsees to deepen their understanding and propel them along the path of recovery. The sponsor and sponsee also might engage in activities together to deepen their mutual growth, such as discussing and studying 12 step literature, meditating, or journaling (Alcoholics Anonymous World Service, Inc., 1973). Sponsees traditionally complete Step 5 (reviewing their moral inventory produced through Step 4) with their sponsor. Once an individual has completed the 12 steps with a sponsor, he or she is considered qualified to sponsor newcomers in recovery (Alcoholics Anonymous World Service, Inc., 1973).

Due to the activities and sharing that occurs within the sponsoring relationship, the sponsor-sponsee relationship is a highly personal one; however, it typically is not characterized as friendship. Instead, it is a relationship based on spiritual principles and oriented around the single-minded purpose of helping the sponsee recover from substance abuse and the behaviors and issues that precipitated the choice to use.

Surrendering to the process. The concept of surrendering to the process and surrendering one's personal power weaves throughout the 12 steps, traditions, slogans, and philosophies. The steps involve admitting one's powerlessness over one's addiction; believing a higher power could restore one's sanity; deciding to turn over one's will and

life to that higher power; acknowledging, admitting, and making amends for one's wrongdoings; being willing and requesting that the higher power remove one's character defects; continuing to take a personal inventory; increasing one's awareness of God's will; and carrying the message to others. Virtually all of these steps involve surrender in that they require admitting powerlessness and subjugating oneself to the will of a higher power.

Outcomes. AA (Alcoholics Anonymous World Services, Inc., 2001) has emphasized that recovery is an iterative process that takes years. Nevertheless, outcome data has demonstrated its success. Of the alcoholics who attended AA and surrendered to the process, 50% got sober at once and remained that way; 25% sobered up after some relapses, and among the remainder, those who stayed on with AA showed improvement.

The Project MATCH Research Group (National Institute on Alcohol Abuse and Alcoholism, 1996) conducted an 8-year study to compare the treatment outcomes of AA's 12-step program, cognitive behavioral therapy, and motivational enhancement interviewing. A total of 1,726 patients were randomly assigned into two parallel groups. One group received therapy on an outpatient basis. The other group received therapy after inpatient treatment. Treatment lasted 12 weeks and outcomes for each group were analyzed after 1 year. NIAAA (National Institute on Alcohol Abuse and Alcoholism, 1996) reported:

Overall, Project Match participants showed significant and sustained improvement in increased percentage of abstinent days and decreased number of drinks per drinking days, with few clinically significant outcome differences among the three treatments in the aftercare arm. For example, there was no difference in sustained abstinence among treatments in the aftercare arm. However, outpatients who received 12-step facilitation were more likely to remain completely abstinent in the year following treatment than outpatients who received the other treatments. (para. 10)

Importantly, based on these results, Project Match researchers concluded that the 12-step program may increase the rates of individual recovery when coupled with cognitive behavioral therapy (National Institute on Alcohol Abuse and Alcoholism, 1996).

Summary of the Literature

This chapter reviewed studies and theory about substance use and addiction for the purpose of providing a foundational understanding regarding the nature and extent of the problem, its impacts, and its treatment. Twelve-step programs also were reviewed, including their history, program elements, and documented outcomes.

Substance abuse is a pressing problem in the United States and the costs to the workplace are substantial, reaching \$134 billion as of 2006 (SAMHSA, 2006). When substance abuse affects leaders in organizations, the negative impacts can have a ripple effect, leading to far-reaching and disastrous effects for individual subordinates and the organization as a whole. Moreover, the National Institute on Drug Abuse (2012) has pointed out that substance abuse remains undertreated in the United States.

One leading treatment approach for substance abuse is the 12-step program, which began with AA in June 1935. Twelve-step programs are highly structured, peer-facilitated support groups (Alcoholics Anonymous World Services, Inc., 2001, 2012). The mission of these programs is for recovering alcoholics and addicts to transform their minds, hearts, and lives through a consistent practice of attending meetings; working the 12 steps, 12 traditions, and 12 concepts of service; being of service; practicing the slogans; working with a sponsor and sponsoring others; and, ultimately, surrendering to the process. AA's success has demonstrated that individual effort, peer support, and a

non-denominational spiritual outlook combine to create an effective intervention in the treatment of alcoholism.

Although evidence has been generated over the last eight decades about the success rates of the program (Alcoholics Anonymous, 2001; National Institute on Alcohol Abuse and Alcoholism, 1996), the program has not been examined with regard to its impact on participants' leadership styles. Given the power the program has to transform members' minds, hearts, and behaviors, it is important to understand the behavioral impacts of the program beyond helping members achieve sobriety. Examining the impact of 12-step programs on executives' leadership styles was the focus of this study. The next chapter describes the methods used in this study.

Chapter 3

Methods

The purpose of this study was to examine the impact of 12-step programs on executives' leadership styles. Four research questions were examined:

1. To what extent do they identify with 12-step philosophies?
2. To what extent do they use 12-step principles, traditions, and slogans in their leadership?
3. What outcomes do the leaders attribute to their use of the 12 steps in their leadership?
4. What is the perceived applicability of the 12-step program for leadership development beyond the recovery community?

This chapter describes the methods that will be used in this study. An overview of the research design is provided first, followed by a discussion of the procedures related to sampling, data collection, and data analysis.

Research Design

This study used a mixed method design. In these studies, quantitative and qualitative methods for gathering and analyzing data are used to generate a multifaceted, rich assessment of the topic (Creswell, 2009). In particular, qualitative methods enable deep inquiry into the topic of study. Kvale (1996) has stated that qualitative approaches allow researchers to capture the complexity and nuances of human experience in its most authentic form. Research interviewing, the qualitative approach used in this study, allows probing of participants' feelings, thoughts, and experiences in great depth. Qualitative interviewing was considered appropriate for this study due to the lack of information about executives' use of 12-step principles in their leadership. Creswell (2009) explained that qualitative methods are helpful in exploratory studies where theory is lacking. The

interview method, moreover, allowed the researcher to gather participants' inner reactions, expectations, and experiences related to 12-step principles and their leadership.

Quantitative methods also were used in this study to allow for statistical measurement of the study variables and ease of comparison across participants.

Quantitative methods allowed for rapid assessment of participants' use and perceived value of the many elements of the 12-step program.

Mixed methods studies may be sequential, where one form of data is collected and analyzed and then the second form of data is collected and analyzed, or simultaneous, where qualitative and quantitative data are collected and analysis occurs only upon completion of data collection (Creswell, 2009). Researchers use sequential approaches when they desire to narrow later phases of inquiry based upon the results of the earlier phases in the research. This study used a simultaneous approach, where both quantitative and qualitative data were collected at roughly the same time and then the data were analyzed. Data for this study were collected using semistructured one-on-one interviews and a quantitative survey.

Mixed method approaches are helpful for generating nuanced insights of the data, in that the two forms of data help to amplify the meaning of the other. For example, participants' responses can help explain the ratings or mean scores emerging in the quantitative data (Creswell, 2009). The potential drawbacks of mixed method approaches are that they can require extended timeframes for data collection and analysis.

Furthermore, these studies require researchers to have a basic level of competency with both qualitative and quantitative research.

Sampling

Quantitative studies tend to draw very large samples in order to achieve generalizability of the results. In contrast, qualitative studies draw small samples because the aim of study is understanding the depth and breadth of the phenomena rather than generalizability (Creswell, 2009). “An appropriate sample size for a qualitative study is one that adequately answers the research question” (Marshall, 1996, p. 523). Kvale (1996) recommends drawing a sample size of 5 to 25 participants for a qualitative research interview study, depending upon the nature of the study. No strict guidelines govern sample size decisions for mixed methods studies. Therefore, as the aim in this study was to generate exploratory results about leaders’ use of 12-step program elements, the present study drew a sample of nine participants.

A combination of convenience and snowball sampling strategies were used to find participants. Convenience sampling refers to utilizing one’s personal and professional network to find participants, whereas snowball sampling refers to asking qualifying participants to recommend additional study candidates (Miles & Huberman, 1994).

To begin the participant selection process, the researcher contacted individuals within her own AA network who she believed may know interested study candidates. Once contacted, a study description was provided, including the purpose, nature of participation, and type of participants sought. Finally, these individuals were asked to suggest additional possible study candidates. Follow-up emails were sent to reiterate this information and request for study candidates.

All recruitment occurred through one-on-one communication in-person, by phone, or by email. Contact with individuals was made solely through personal relationships. No one was contacted at or through AA or any other formal 12-step program. Because no

particular settings were utilized for recruitment and no particular organization was utilized as a means for participant recruitment, it was neither necessary nor possible to seek permission from any particular organization or setting related to participant recruitment.

To help protect participant confidentiality, interested study candidates were asked to express their interest by telephone or email. Each candidate was screened to assure that he or she met the selection criteria. The screening interview began with an introduction:

Thanks for your interest in the study. I am conducting this study in partial fulfillment of my master's in organization development at Pepperdine University. I run business sales operations for a large company. I got sober March 16, 1988, and I find myself applying AA principles on a daily basis to my professional life. That leads me to wonder if other executives in recovery have similar views and what their experiences have been regarding the application of AA principles to their leadership. Do you mind if I ask you a few questions to make sure that this is a valuable use of time for both of us?

All candidates consented to the screening interview. A brief series of questions were asked about the candidate's employment, sobriety, and exposure to and views about 12-step principles (see Appendix A). These questions were asked to assure that he or she had relevant experiences to share. Suitable candidates had to meet the following selection criteria:

1. The candidate voluntarily wishes to participate.
2. The candidate is currently employed or retired less than 5 years ago.
3. The candidate's current or last position involved leading or influencing 100 to 500 people.
4. The candidate self-identifies as a recovering addict or alcoholic.
5. The candidate has been sober for at least 2 years (preferably 5 years or more).
6. The candidate attended 12-step programs at least once weekly for at least 2 years.

All candidates who expressed interest qualified for the study. Each was sent a consent form by email and scheduled for a telephone interview. If any candidates did not qualify, they would have been thanked for their interest and informed why they did not qualify. They also would have been asked to suggest people they knew who might qualify and be interested in participating.

Ethical Considerations

This study was conducted under the guidance of Pepperdine University Institutional Review Board and all human subjects protections were observed. Participants provided written consent to participate (see Appendix B).

Although all research involves risk, every precaution was taken to prevent the occurrence of the risk. Participants were unlikely to experience physical, social, or professional risks as a direct result of participation, as their involvement in the study was kept confidential. The only possible but very unlikely risk involved in the study was the potential for emotional discomfort as participants reflected on and shared their experiences of addiction, recovery, and the impact of the 12 steps on their leadership. This risk was low because each participant was sober for at least 2 years and had attended at least 104 12-step meetings (at least one per week for at least 2 years) during this time. As part of the 12-step program and the 12-step meetings, they had already reflected on and openly discussed even more than what was discussed as part of the present interviews. Participation was voluntary and they were free to decline to answer a question or withdraw from the study at any time.

Any hard copies of data or consent forms will be kept in a locked cabinet for 3 years, at which time the data will be destroyed. Identifying information were removed

from electronic versions of raw data, which will be kept indefinitely for research purposes.

Raw data were identified by a pseudonym. A password-protected file on the researcher's computer listed the pseudonym and the participants' corresponding names. No one beyond the researcher had access to this file and it was destroyed upon completion of the study.

Data Collection Procedures

Data were collected for this study using two instruments: an interview (see Appendix C) and a survey (see Appendix D) developed for this study.

Interview script. The interview script presented in Appendix C was used to guide the interviews. The interview began with an opening that oriented the participant to the study, and reiterated the voluntary and confidential nature of the study. Two warm-up questions were then asked to ease the participant into the core of the interview. These questions confirmed his or her sobriety date and then asked about his or her leadership style. Prompts were used only as needed to elicit a rich and detailed answer. Possible prompts included, "Do you have a brand," "What would your subordinates say about you," and "What's the thing you love the most about your job," among others.

Following the warm-up, 12 core questions organized into four categories were asked of the participants. The categories were: life and leadership during active addiction, life and leadership in recovery, use of the 12 steps, and impact of 12 steps on work and leadership. Prompting questions were used as needed in addition to the 12 core questions to help gather rich, detailed information from the participants.

For the first category, participants were asked two open-ended questions about their life and leadership during active addiction. These questions included "Tell me a

little about your addiction” and “During the period of active addiction, what was your work history and experience?” Prompting questions (e.g., “What was your drug of choice” or “What were your work behaviors and attitudes”) were used as needed to generate complete data.

For the second category, three questions were asked about participants’ life and leadership in recovery. First, they were asked, “What led you to sobriety or to the 12 steps?” Prompting questions were used as necessary, such as “Was there a person who was instrumental in that process?” The second open-ended question asked them to “Tell me about your experience of recovery,” along with prompts such as “Did you get in and stay in or go in stops and starts” or “What does meeting attendance look like today?” The third open-ended question was “How has recovery played out at work for you?” Prompts were used as needed to gather a rich account.

For the third category, two questions were asked about the participants’ use of the 12 steps: “How have the 12 steps factored into your recovery” and “What other tools of the program helped in your recovery?”

The final group of four questions examined the impact of the 12 steps on participants’ work and leadership. These questions asked the participant to report whether they see a direct workplace application of the 12-step principles; whether they have changed as a leader due to exposure to the 12-step program; and the specific features of the 12-step program, if any, that have affected their leadership. The final open-ended question in the interview asked participants whether they want to share anything else. This question was asked to assure that a complete participant account was collected.

Interviews were conducted one-on-one by telephone for approximately 1 hour each. The interviews were audio taped and transcribed for later analysis.

Survey. Each participant also completed an 8-item survey (see Appendix D) created for this study. The survey inquired about the participants' reliance on various elements of the 12-step program in their sustained recovery and in their leadership. Question 1 asked participants to indicate the frequency with which they rely on the 12-step program as part of their sustained recovery. Answer choices included "never use," "rarely use," "rely on several times a week," "rely on daily," and "rely on multiple times a day." Participants were asked to provide answers for the following nine program elements: attending meetings, working the 12 steps, working the 12 traditions, working the 12 concepts of service, being of service, practicing the slogans, working with a sponsor, sponsoring others, and surrendering to the process. Question 2 asked participants to rank the same nine program elements in order according to their influence on their recovery.

Question 3 asked participants to indicate the frequency with which they rely on the 12-step program as a leader within the workplace. Answer choices were the same as Questions 1 and 2. Participants were asked to provide answers for the following seven program elements: working the 12 steps, working the 12 traditions, working the 12 concepts of service, being of service, practicing the slogans, working with a mentor, and mentoring others. Attending meetings and surrendering to the process were not evaluated as part of this question because they were not considered to be applicable to the workplace. Question 4 asked participants to rank all nine program elements in order according to their influence on their leadership in the workplace.

Question 5 asked participants to indicate the frequency with which they apply the principles behind the 12 traditions in their leadership. Answer choices were the same as the previous questions. The 12 traditions examined were:

1. Unity Principle: The AA member conforms to the principles of recovery; at first because he must, later because he discovers a way of life he really wants to live.
2. Group Conscience Principle: When we come to understand the wisdom of the group decision and the necessity of patiently awaiting developments, the real and permanent leadership of AA can offer the quiet opinion, the sure knowledge and humble example that resolve a crisis, leading by example, rather than driving by mandate.
3. Open Membership Principle: When confronted by the fear that is the true basis of intolerance, we need only ask, "What would the Master do?"
4. Autonomy Principle: Eventually, we must conform to whatever tested principles guarantee survival. Sobriety must be our sole objective. In all other respects there is perfect freedom of will and action. We have the right to be wrong, but we no longer have the right to harm others.
5. Primary Purpose Principle: It is the great paradox of AA that we know we can seldom keep the precious gift of sobriety unless we give it away.
6. Conflicting Interest Principle: We are all perfectionists who, failing perfection, have gone to the other extreme. We can not be all things to all men, nor should we try.
7. Self-Supporting Principle: We, too, should be self-supporting through our own contributions. Not only is it a responsibility of sobriety, it is essential to our self-esteem.
8. Prudence Principle: We give freely what has been given freely to us.
9. Spirit of Service Principle: Unless each AA member follows to the best of his ability our suggested Twelve Steps to recovery, he almost certainly signs his death warrant. His drunkenness and dissolution are not penalties inflicted by people in authority; they result from his personal disobedience to spiritual principles.
10. Outside Issues Principle: We should not back away from our individual responsibility to act as we believe upon the issues of our time, yet self-righteousness should not cause us to enforce our will on others.
11. Attraction Rather than Promotion Principle: Personal ambition has no place in AA. There is never need to praise ourselves.
12. Anonymity Principle: The spiritual substance of anonymity is sacrifice. We try to give up our natural desires for personal distinction as AA members both among fellow alcoholics and before the general public. We are sure that

humility, expressed by anonymity, is the greatest safeguard that Alcoholics Anonymous can ever have.

Question 6 asked participants to indicate whether they operated according to the principles behind the 12 steps in their leadership while they were in active addiction. Answer choices ranged on a five-point Likert scale from strongly disagree to strongly agree. Examined principles included honesty, faith, surrender to a higher power, soul searching, integrity, acceptance, humility, willingness, forgiveness, spiritual maintenance, making contact with a higher power, and service. Question 7 asked when they operate according to these same principles in their leadership now in recovery. Answer choices again ranged on a five-point Likert scale from strongly disagree to strongly agree.

The final question in the survey asked participants to indicate the extent to which they believe that the 12-step program, if changed to non-recovery language, would be beneficial for leaders who are not in recovery. Answer choices included not at all beneficial, minimally beneficial, moderately beneficial, substantially beneficial, and invaluable. Participants were asked to evaluate nine program elements: attending a support group, working the 12 steps, working the 12 traditions, working the 12 concepts of service, being of service, practicing the slogans, working with a mentor, and mentoring others.

The survey was administered online and took roughly 15 minutes to complete. Survey data were later downloaded for analysis.

Data Analysis Procedures

The quantitative survey data were analyzed using the following steps:

1. Mean and standard deviations were calculated for each rating question (Questions 1, 3, 5, 6–8) and program element examined in the survey. T-tests were used to determine significant differences in mean scores when comparing during-addiction to during-recovery scores.

2. Frequency distributions were determined for the ranking questions (Questions 2 and 4). Frequencies were determined for the percentage of participants who gave the program element (a) the top ranking; (b) a ranking of 1, 2, or 3 (top three); and (c) a ranking of 8, 9, or 10 (bottom three).

Content analysis as described by Miles and Huberman (1994) was used to examine the qualitative data. The following steps were followed:

1. Each participant's transcript was reviewed several times to become familiar with the range and nature of data that emerged from the interviews.
2. Several rounds of coding were conducted. In the first round, responses that reflected macro codes were identified to correspond with the grouping of the interview questions, including Self-Reported Leadership Style, Life and Leadership in Active Addiction, Life and Leadership in Recovery, Use of the 12 Steps, and Impact of 12 Steps on Work and Leadership. Each piece of data was labeled with an identifier that indicated which participant reported it.
3. After the initial round of coding, the data were organized by macro code.
4. The data grouped by macro code were reviewed several times and micro codes reflected in the data were identified across the participants within each macro code group. Micro coding was performed within each macro code group.
5. Additional rounds of coding were performed as needed until the wording and hierarchy of the codes best reflected the data.
6. When the analysis was complete, the number of participants reporting each theme was identified.
7. As a final step, the analysis was submitted to review by a second rater who examined the analysis and identified any perceived errors. Eight issues were identified. These were discussed and the analysis was adjusted accordingly. The results reported in chapter 4 reflect the final analysis.

Qualitative results related to the participants leadership style, life, and leadership were used to compose a rich description of each participant to help contextualize the data. Qualitative results related to participants' use of the 12-step program in their life and their leadership, perceived outcomes of the 12 steps, and perceived applicability of the 12-step program for leadership styles were used to amplify the quantitative results.

Summary

This study used a mixed method design. Nine executives in active recovery from addiction participated in the study. Each participant completed a survey and a 1-hour, one-on-one interview. Descriptive statistics were calculated based on the survey data. Interviews were transcribed and the data were examined using content analysis. The next chapter reports the results of the study.

Chapter 4

Results

The purpose of this study was to examine the impact of 12-step programs on executives' leadership styles. Four research questions were examined:

1. To what extent do they identify with 12-step philosophies?
2. To what extent do they use 12-step principles, traditions, and slogans in their leadership?
3. What outcomes do the leaders attribute to their use of the 12 steps in their leadership?
4. What is the perceived applicability of the 12-step program for leadership development beyond the recovery community?

This chapter reports the results of the study. A profile of the participants is presented first. Survey and interview data related to each research question are then presented in order, including participants' identification with 12-step philosophies; participants' use of 12-step principles, traditions, and slogans in leadership; perceived outcomes of the 12 steps in leadership; and perceived applicability of the 12-step program to leadership development. The chapter closes with a summary.

Participant Profiles

Seven men and two women comprised the sample for this study (see Table 2). Each was in a leadership role and, collectively, they represented a range of companies and industries. The majority of the participants had been sober for 15 years or more and only two are anonymous (not disclosing that they are in recovery) at work. The rest of this section provides a detailed profile of each participant and describes the sample's addiction experience and choice to get sober.

Table 2***Participant Overview***

Demographic Characteristic	N
Gender	
Male	7
Female	2
Organization/Industry	
Recovery organization	3
Logistics	2
Higher education	1
Insurance	1
Television/Media/Entertainment	1
Coaching	1
Years in Recovery	
5-9 years*	1
10-14 years	2
15-29 years	3
30 or more years	3
Anonymity at work	
Yes	2
No	7

*No one with less than 5 years of sobriety was included in the sample

Pseudonyms were selected for each participant to aid in reporting. The participants were as follows:

1. Anthony. Anthony is a Physics professor and the chair of his department. He shared, “I have been active in leadership on campus in my department [and] . . . I’ve been involved in many things across campus.” He shared that he was not in a leadership capacity before sobriety. He has been sober for more than 29 years and is largely anonymous at work. His history of addiction centered primarily on alcohol, beginning at age 11, although he acknowledged that he “did a bit of everything.”
2. Brian. Brian is a treatment consultant for a prominent daytime talk show and the founder of an innovative spiritually oriented recovery organization that focuses on addiction treatment for disadvantaged regions such as the West Bank in the Middle East. He has fashioned the entire organization to operate according to recovery and spiritual principles. He emphasized, “Our ‘secret sauce’ is the shared framework of heart and mind . . . [and] a paradigm of constraints we understand. We leverage [recovery] principles in how we handle human resource problems My colleagues see themselves as instruments.” He reported that he has always been a leader, even while in active addiction. He shared that at 18 years old, he built a web services company out of his loft in Austin, Texas, and employed 381 people. He acknowledged, however, that despite holding the position, he was not necessarily able to lead. Brian began using alcohol at 11

years old and cocaine at 13 years old. He quickly became addicted. He has been sober for more than 5 years and is not anonymous at work.

3. Ed. Ed has been running the family-owned business he inherited from his father for 15 years. He shared, “I do not derive happiness from this job, [but] I certainly don’t hate it.” He currently has 250 employees. Although he had 500 employees when he got sober, he credits the attrition to overall economic decline. Ed has been sober for more than 12 years and is not anonymous at work. He started using marijuana and alcohol at age 13 and identifies primarily as a recovering alcoholic, although he stated, “I’ve done everything else under the sun.”
4. Grant. Grant is an Emmy Award winning executive producer for a prominent sports show on a major television network. He also acts as advisor and head of productions planning for another sports network. Grant has been sober for more than 29 years and is not anonymous at work. Before sobriety, Grant reports he was a heavy but high functioning drinker for 30 years.
5. Martha. Martha is an executive at a recovery organization. While in active addiction, she was in the entertainment industry. She reflected, “I was able to keep it together because my job was easy. . . . Not slurring my words was a bit more difficult.” She added, “It was an insane way to make a living. . . . Hanging out with rock stars, jetting around on private planes. It was good to me!” She reported that she was not in a leadership capacity before sobriety. She reported using alcohol and marijuana consistently for 30 to 40 years and that “other things came and went.” She has been sober for 20 years and is not anonymous at work.
6. Mitch. Mitch recently resigned from more than 20 years in leadership at a major recovery organization. He reported that he did not hold leadership roles while in active addiction. He reported using alcohol and pot during his period of addiction. Mitch has been sober for more than 35 years and is not anonymous at work.
7. Sidney. Sidney is the managing partner of a logistics company. He acts as the broker between shippers and carriers and works with 4,000 trucking companies across the United States. He shared that he was not in a leadership capacity before sobriety. He reported using marijuana, cocaine, methamphetamine, and mushrooms. He also was “quite involved in wholesale operation of [methamphetamine] for a while.” Sidney has been sober for 21 years and is not anonymous at work.
8. Shelly. Shelly is a coach and professional speaker. Before recovery, she was a senior vice president in a global marketing firm. Although she currently has no employees, she believes that her role enables her to influence far more people and practice leadership to a far greater degree than she “ever did 15 years ago.” She explained,

When I was in corporate and in my disease, I had a small sphere of influence. I believe I am more in a leadership role today than I was 15 years ago. And I take that very seriously. The definition of leadership

today is very different than it was 15 years ago. And I influence more people today than I did then.

Her substance of choice was alcohol after starting to drink in college. She had an 11-year period of sobriety from 1988 to 1999, much of which time she described as being a dry drunk. She has been sober for more than 14 years and is not anonymous at work.

9. Victor. Victor is an insurance broker and owns his own agency. He has been sober more than 27 years and is largely anonymous at work. His substance use started at age 13 and he progressed to hard drugs by age 18. He identifies primarily as a recovering drug addict and shared that “methamphetamine was my drug of choice.” Like Mitch, Victor also got involved in dealing methamphetamine.

Participants were asked to describe their addiction and recovery experiences to help contextualize the data. The following sections report these results.

Addiction experiences. Participants’ addiction experiences were examined, including their substances of choice, when they started using, perceived contributors to addiction, and self-reported impacts of using. Six participants stated that in terms of substance use, they “did a bit of everything,” and five identified alcohol as their primary substance (see Table 3).

Table 3

Addiction Experiences

Theme	N
Substance of choice	
Did a bit of everything	6
Alcohol was primary	6
Started using in early adolescence	4
Contributors	
Family history and dynamics	6
Distorted self-concept	6
Lack of connection with others	5
“Everybody” was doing it	3

N = 9

Substance of choice. Grant, who identifies as a recovering alcoholic, shared, “I was a heavy drinker for 30 years: a quart of vodka a day. I would black out in foreign

countries. Intellectually, [I] knew there was an issue, but I didn't know I had a problem. I was a heavy social drinker who went around in limos and Lears [Lear jets]."

Ed also identifies as an alcoholic but also acknowledged his use of other substances:

I consider myself predominantly an alcoholic. That's not just because the best recovery is AA. It really was the last thing I quit doing. . . . [I didn't want to get caught by my company's drug testing.] So I quit doing all drugs, and I just focused on my drinking. It was legal, not really the way I was doing it, but a lot more socially acceptable to drink than the other stuff, especially in the business world. So that was the last thing that I quit doing. And I drank just about exclusively from 1990 to 2000. That was the last thing I quit. I consider myself an alcoholic more than anything, although I've done everything else under the sun.

Initiation of use. Three of the six participants stated they started using substances in early adolescence (see Table 3). Anthony, for example, shared, "I started drinking very young, The first time I got drunk I remember I was 11." Victor stated, "I used inhalants at age 13, marijuana at 13, moved on to acid and LSD at 16 or 17. By the time I was 18, I had found hard drugs and I was an IV [intravenous] drug abuser." Brian shared that a family trauma triggered his early substance use and addiction: "When I was 11 years old, I found my brother dead due to a drug overdose. I started drinking then—using coke at 13 until I was 28 years old, speedballs."

Contributors to addiction. The participants identified four primary contributors to their addiction. Two of these contributors were identified by six participants each. The first of these was family history and dynamics, meaning that at least one member of their immediate family also used drugs or alcohol and family trauma also precipitated the participants' own use. Anthony, Brian, and Ed shared that one or more siblings used drugs or alcohol. Ed, Mitch, Sidney, and Victor shared that a parent was addicted. Ed recounted,

I have a family history of alcoholism, absolutely. My father was a heavy drinker. He stopped when told his liver was shot. Died of liver cancer 3 or 4 years later. My little brother and little sister were full blown. My sister never would quit, got complications, died 2 years ago. 50 years old. Multi-systemic failure. The underlying cause was she was an alcoholic! Screwed up her body. My brother got the lecture from a doctor about 2 years ago about being dead in 6 months. But he just stopped. He doesn't go to AA. He just quit after drinking for 35 years. Full blown alcoholic that he was. . . . So, to each his own. Fair amount of alcoholism in my family.

Sidney only recently discovered his own family's hidden history of alcoholism:

A year ago, July, I went up to see my mom who was living here in town. She wasn't doing so well. Really doing bad. I took her up to the emergency room. She was up there for 4 hours. She couldn't get out of the emergency room bed. I suggested to the doctor we keep her. She didn't want to stay. I saw the look in her eye and [realized she was completely drunk and] I went, "Oh my god." By the next afternoon, she was 30 hours into [delirium tremens, a potentially fatal side effect of severe alcohol withdrawal]. My sister wouldn't believe it. My sister and I went to my mom's house and went on a treasure hunt. We found everything. The only alcoholic I know about is my mom.

Victor grew up with an alcoholic father and a mother he described as "an obsessive-compulsive religious fanatic." He explained that his parents' conditions meant he had to grow up fast:

Dad [was] gone. Mother [was] on shift work. I was the eldest of three kids. Had to be the responsible one. I was a leader as a kid. Eldest child syndrome perhaps. Left home at age 14, stayed with some friends, a friends' mom helped me through school that year. By the time I was 16, I had an apartment and car, still going to high school. I worked from age 11, bussing table, throwing papers, on and on and on.

The second contributor to addiction that six participants voiced was a distorted self-concept. This manifested as two sides of the same coin, wherein some believed they had a higher calling and demanded special treatment, while others felt deeply uncomfortable in their skin. For example, Grant described himself as "full of ego" and that when he finally went to treatment, he "demanded a suite and not to share a room." In contrast, Mitch shared, "I was suicidal. Classic late stage drinker, sleeping with lights on,

self-hatred off the chart, sense of loneliness.” Victor shared his story of his sense of differentness and low self-esteem ultimately led to his using:

I remember as early in third grade thinking that other kids had something more than me. I didn’t know what it was. I guess my clothes were nice, maybe their parents drove nicer cars than mine. I paid a girl in third grade an extra nickel I had for my ice cream sandwich to be my girlfriend. All I got for my remaining nickel was a Fudgesicle. This tells me I had a disease of low self-esteem. Yet, looking back, I really don’t know the reason for it. In retrospect, I think that low self-esteem caused me to want to be different, to feel differently than I did. . . . I got resentful and I got tired of leading, and I wanted to change the way I felt. I think I used to change the way I felt. Pure and simple. But the normal people weren’t doing what was in. They were going to school and doing sports. I did some of that but I wanted something to make me feel different. That’s why I used.

A third contributor to addiction, named by five participants, was a lack of connection with others. Anthony explained, “I didn’t have any good connections with other people. Didn’t make friends easily, didn’t keep them at all. I didn’t have any friends until I discovered alcohol.” Mitch recalled that the sense of disconnection existed even among loved ones: “At my sister’s wedding and my mom’s birthday, I was with people I loved and I couldn’t connect. I felt this intense loneliness and I had an emotional breakdown.”

The fourth contributing factor to addiction that participants cited was that “everybody” was doing it. Ed reasoned, “Everybody who is about 55 years old or less has been exposed to everything at one time or another.” Martha, who was in the entertainment industry, shared, “the milieu in which I found myself, rock and roll business, music, that’s the way it was. The timeframe. The 1960s, I lived in San Francisco. Everyone was loaded: Judges, cops, everybody.

Impacts of addiction. Participants were then asked about the impact that addiction and substance use had on their lives. Participants named both perceived drawbacks and perceived benefits (see Table 4). Four participants described how their lives deteriorated

as their habit continued. Mitch simply shared, “there was a pattern of deterioration in all aspects of my life.” Sidney elaborated,

I didn’t even have my first drink until a month short of my 21st birthday. But I’d already been arrested, put in jail, asked not to step foot in college again. It was untreated alcoholism. . . . [Toward the end,] I was living in my car. It broke down in front of a little trucking company. Living in it for a couple of days and they came out and told me not to live in my car there.

Table 4

Impacts of Using

Impact	N
Perceived drawbacks	
Life deteriorated as habit continued	5
Abandoned opportunities or commitments	3
Everything took a backseat to the addiction	2
Perceived benefits	
Using helped them connect with others	2
Transient relief from pain	1
Using helped her feel normal	1

N = 9

Three participants shared that they abandoned opportunities or commitments as their addiction progressed. Anthony shared his story:

When I went to college, the wheels were off. I didn’t do anything at school. I’d just hang out with people at the bar. Drinking, using, all day long. Did not make much progress. Went into university on a scholarship. Didn’t even finish one semester. Couldn’t keep it up. I was miserable. Got into trouble, dropped out of college.

Two participants summarized that everything took a backseat to the addiction. Ed explained,

The obsession ruled my life. I would think about drinking and getting to drink almost constantly. At 5:00, I was off to the beer store! I don’t care what we are talking about business-wise, it can either wait until tomorrow or you can come with me to the beer store, but I am not staying here talking about business. Business took a backseat to the obsession. It had to be fulfilled. I had to get to the beer store. Leadership style. Everything took a backseat to alcohol. If we could incorporate drinking into talking about business, which we did, everybody in middle management we all drank. When we were together drinking we talked about business. As long as we had a good buzz. Alcohol came first in everything.

Management style was if it fit in with my drinking, it's OK. If not, we're going to talk about it later.

Despite the drawbacks, participants named two perceived benefits of using. One benefit, named by two participants, was that using helped them connect with others. Mitch shared, "I drank with Dad [as a way to connect]." Another benefit, named by one participant, was that drinking and using provided transient relief from his emotional pain. A final benefit, also named by one individual, was that using helped her "feel normal."

Recovery experiences. Participants also were asked to share their experiences about pursuing and sustaining recovery. Participants named five precipitating events that prompted their decision to get sober, although each was named by only one to three participants (see Table 5). The first of these, named by three participants, was urging from significant others, such as a parent or spouse. Ed explained how his wife's urging and threat to leave would have further implications for his parents' and business partners' views of him:

The wife that I had at the time (it wasn't the first time I was married), I felt that her opinions were respected by my family, my parents in particular. If she left, which she said she was going to do, the reason being that I wouldn't control my drinking . . . Neither one of us knew a whole lot about alcoholism at the time. If I didn't do anything about it, she was going to leave and that would embarrass me—not only for my parents, but for other business owners as well, once the word would go out. I said, "Okay, I'll go do something about it." I'd been hung over before, and I'd been married before! At that particular time, I said I would go. Don't know why. I agreed I would go to rehab, at that time, under pressure from my spouse. That's the rock bottom experience. I don't want another one.

Another three participants identified one or more rock bottom experiences that led to their decision. Sidney described the series of losses he experienced over the course of one weekend that prompted his decision to get sober:

It was a combination of rock bottom experiences. . . . One Thanksgiving, I didn't want to drink. I said I would take a weekend off [from drinking], and I came to the [following] Monday afternoon. . . . I had not paid my rent, so I had nowhere to

live. My girlfriend said, “We’re done.” My parents said, “We’re done,” again. My employer said “We’re done.” Those were the only active things in my life. All of a sudden, I came to one afternoon and they were all gone. . . .

Table 5

Choice to get Sober

	N
Precipitating Event	
Urging from significant others	3
Rock bottom experience	3
Wake-up call	3
Moment of clarity	2
Fear of exposure	1
Relapse Experiences	
Unsuccessful early attempts: stops and starts	7
No relapses	3

N = 9

Three participants stated they had a wake-up call that prompted their decision. For Grant, his wake-up call was his own extreme overreaction to a work situation. For Martha, it was a sobering hospital visit when her intoxication manifested in stroke-like symptoms. For Mitch, his wake-up call was the intense loneliness he felt, even when surrounded by family. Martha shared her story:

I woke up one day and drank a whole bottle of wine at 6:00 am. My husband woke up and asked what’s wrong with me. He was naïve; he didn’t realize I was drunk. He thought I was having a stroke or something! He took me to the emergency room and the doctor didn’t know what was wrong. Finally, they sent in the neuro guy who eventually said, “You’re intoxicated!” They had an alcohol unit on the seventh floor, so I went up there and that was that.

The other precipitating events named by participants was having a moment of clarity (*N* = 2) and fearing exposure at work (*N* = 1). Despite these precipitating events, seven of the nine participants reported having unsuccessful early attempts at recovery, although they all have been in sustained recovery for at least 5 years by the time of the present study. Grant, for example, shared that he had gone “to AA off and on for a year, but anything was an excuse to drink.” Brian shared that he had “10 years of chronic

relapsing and having attended 12 treatment centers over these years.” Shelly shared, “I had a lot of shame about my relapse and I wasn’t sure I could stay sober, even though I wanted to.”

Three participants reported having no relapses. Ed shared, “I have never had a relapse. I only have one chip [that marks my sobriety date]. That’s the way I want to keep it.” The remaining sections in this chapter report the findings related to each research question.

Participants’ Identification with 12-step Philosophies

The nine participants were surveyed to determine their use of various aspects of the 12-step program as part of their sustained recovery (see Table 6). On average, the participants reported they relied on the nine elements several times a week ($M = 3.51$, $SD = 1.10$), although individual responses ranged from “never use” to “rely on multiple times a day.” Participants reported the heaviest reliance on working the 12 steps ($M = 4.33$, $SD = 0.71$), followed by being of service ($M = 4.22$, $SD = 0.67$) and surrendering to the process ($M = 4.22$, $SD = 0.97$). Participants reported the least reliance on attending meetings ($M = 2.89$, $SD = 0.60$).

Participants’ forced ranking of the nine elements showed somewhat similar results (see Table 7). Working the 12 steps was ranked highest, with 44% of participants giving it a ranking of 1 and 89% of participants ranking it in the top 3. The second highest ranked element was attending meetings: 22% of participants gave it the top ranking, while 44% ranked it in the top 3. Sponsoring others was ranked third overall, with 22% of participants giving it the top ranking, 44% ranking it in the top 3, and 33% ranking it in the bottom 3.

Table 6***Reliance on 12-step Program Elements in Sustained Recovery***

Elements	Range	Mean	SD
Attending meetings	2-4	2.89	0.60
Working the 12 steps	3-5	4.33	0.71
Working the 12 traditions	2-5	3.56	0.88
Working the 12 concepts of service	2-5	3.22	1.09
Being of service	3-5	4.22	0.67
Practicing the slogans	1-5	3.00	1.22
Working with a sponsor	2-5	3.11	1.17
Sponsoring others	1-5	3.00	1.32
Surrendering to the process	3-5	4.22	0.97
Overall	1-5	3.51	1.10

N = 9; Scale: 1 = never use, 2 = rarely use, 3 = rely on several times a week, 4 = rely on daily, 5 = rely on multiple times a day

Table 7***Ranking of Reliance on 12-step Program Elements in Sustained Recovery***

	Top Rated	Rated in Top 3	Rated in Bottom 3
1. Working the 12 steps	44%	89%	0%
2. Attending meetings	22%	44%	11%
3. Sponsoring others	22%	44%	33%
4. Being of service	0%	56%	0%
5. Surrendering to the process	11%	22%	33%
6. Working with a sponsor	0%	22%	22%
7. Working the 12 traditions	0%	11%	11%
8. Working the 12 concepts of service	0%	11%	33%
9. Practicing the slogans	0%	0%	56%

N = 9

The interview results were consistent with the survey data (see Table 8). All nine participants reported having worked all the steps. Sidney shared, “I have found that the 12 steps have been a great personal recovery. Without them I wouldn’t be sober.”

Table 8***12-step Involvement: Interview Results***

Theme	N
Have worked all the steps	9
Attend meetings Attend two to five meetings per week (6) Attend as needed (3)	9
Have a sponsor	7
Sponsor others	7
Slogans	5
Principles	5
Do service	3
Fully surrender to process	2
All aspects of the program are necessary	4

N = 9

Anthony shared that when he first went to treatment, “they didn’t tell me that not doing the steps was an option. Which was great actually.” Stressing the importance of the steps, he stated, “I see too many people think the steps are optional. That wasn’t how it was when I was introduced to it.” The participants also described working the steps several times and understanding them at progressively deeper levels. Victor elaborated,

I’ve worked all 12, and gone through them a couple more times. In AA we say work 10-11-12. I would tell you that I’m on all the steps currently. I have a quick method. I’m working all the steps. They’re working all of me.

All nine participants also reported attending meetings, with six stating they attend two to five meetings per week and three reporting that they attend meetings as needed.

For example, Ed shared,

They told me to go to 90 meetings in 90 days, which I told them was impossible to do because in small towns they only have one group, two meetings a week. So that’s what I did. I immediately started going to the Eastland AA group where I knew three or four of the people in there. I’ve always continuously gone to AA. Three to four meetings a week. I’ll go every time we have a meeting unless I’m out of town.

Martha, who works in a recovery environment, goes on an as-needed basis. She explained,

I still go to meetings, but not nearly as much as before, which was once a day. Sometimes a couple of times a day. I didn't feel I needed it to stay sober, I went because I really enjoyed it. Don't go to meetings as frequently [now due to my position at work], but my whole life revolves around recovery.

Seven participants reported having a sponsor. For example, Grant shared that he “had the same sponsor for the first 12 years until he passed away. I’m actively looking for a new sponsor today.” Six participants also shared that they sponsor others. For example, Anthony shared, “I sponsor seven guys in various ranges of sobriety.” Victor added,

I have many sponsees. I’m very big on sponsoring others. That’s my forte. I like that. I’m good at it because somebody else taught me to have a stringent methodology to take somebody through the steps. Once they’re done with me they can take someone else through the steps.

Five participants each stated that the slogans and the principles were important. Three participants also shared that they do service. Another two participants stressed the need to surrender to the process. Four participants emphasized that all aspects of the program are necessary; consequently, a holistic approach is needed.

Participants’ Use of 12-step Principles, Traditions, and Slogans in Leadership

The nine participants were surveyed to determine their use of various aspects of the 12-step program as a leader within the workplace (see Table 9). On average, the participants reported they relied on the seven elements daily ($M = 4.21$, $SD = 0.99$), although individual responses ranged from “never use” to “rely on multiple times a day.” Participants reported the heaviest reliance on being of service ($M = 4.78$, $SD = 0.44$), followed by mentoring others ($M = 4.67$, $SD = 0.50$) and working the 12 steps ($M = 4.67$, $SD = 0.71$). Participants reported the least reliance on practicing the slogans ($M = 3.33$, $SD = 1.41$).

Table 9***Use of 12-step Program Elements in Leadership***

	Range	Mean	SD
Working the 12 steps	3-5	4.67	0.71
Working the 12 traditions	2-5	4.11	0.93
Working the 12 concepts of service	2-5	4.00	1.00
Being of service	4-5	4.78	0.44
Practicing the slogans	1-5	3.33	1.41
Working with a mentor	2-5	3.89	0.93
Mentoring others	4-5	4.67	0.50
Overall	1-5	4.21	0.99

N = 9; Scale: 1 = never use, 2 = rarely use, 3 = rely on several times a week, 4 = rely on daily, 5 = rely on multiple times a day

Participants' forced ranking of the nine elements regarding their influence on their leadership showed somewhat similar results (see Table 10). Working the 12 steps was ranked highest, with 22% of participants giving it a ranking of 1 and 89% of participants ranking it in the top 3. The second highest ranked element was being of service: 22% of participants gave it the top ranking, while 44% ranked it in the top 3. Attending meetings was ranked third overall, with 22% of participants giving it the top ranking, 44% ranking it in the top 3, and 11% ranking it in the bottom 3.

Participants also were asked to indicate the extent to which the principles behind the 12 traditions influence their leadership style in the workplace (see Table 11). Overall, the participants indicated that the principles have a moderate influence on their leadership ($M = 4.01$, $SD = 1.20$), although individual responses ranged from "no impact" to "substantial impact." The principle with the greatest reported influence is the self-supporting principle ($M = 4.78$, $SD = 0.44$), which indicates "We, too, should be self-supporting through our own contributions. Not only is it a responsibility of sobriety, it is essential to our self-esteem." The principle with the least reported impact is outside issues

($M = 3.44$, $SD = 1.33$), which refers to the idea that “We should not back away from our individual responsibility to act as we believe upon the issues of our time, yet self-righteousness should not cause us to enforce our will on others.”

Table 10

Ranked Influence of 12-step Program Elements on Leadership

	Top Rated	Rated in Top 3	Rated in Bottom 3
1. Working the 12 steps	22%	89%	0%
2. Being of service	22%	44%	0%
3. Attending meetings	22%	44%	11%
4. Working the 12 concepts of service	11%	33%	11%
5. Working with a mentor	11%	22%	11%
6. Mentoring others	11%	11%	44%
7. Working the 12 traditions	0%	44%	22%
8. Surrendering to the process	0%	11%	33%
9. Practicing the slogans	0%	0%	67%

$N = 9$

Table 11

Ranked Influence of 12-step Program Elements on Leadership

	Range	Mean	SD
Unity	1-5	4.11	1.27
Group conscience	1-5	4.00	1.32
Group membership	1-5	3.56	1.59
Autonomy	1-5	3.67	1.32
Primary purpose	3-5	4.33	0.87
Conflicting interests	1-5	3.56	1.24
Self-supporting	4-5	4.78	0.44
Prudence	3-5	4.56	0.73
Spirit of service	1-5	4.11	1.36
Outside issues	1-5	3.44	1.33
Attraction	3-5	4.33	0.71
Anonymity	1-5	3.67	1.41
Overall	1-5	4.01	1.20

$N = 9$; 1 = no impact, 2 = minimal impact, 3 = some impact, 4 = moderate impact, 5 = substantial impact

Participants were asked to compare their use of the 12-step recovery principles in their leadership during active addiction to their use of the principles in their leadership during active recovery (see Table 12). During active addiction, the participants' responses ranged from strongly disagreeing to agreeing that they used the principles in their leadership ($M = 1.73$, $SD = .67$). Soul searching received the highest score during this phase ($M = 2.22$, $SD = 1.202$). During the recovery phase, participants' responses ranged from neither agreeing nor disagreeing to strongly agreeing that they apply the principles in their leadership ($M = 4.63$, $SD = .45$). The highest scores were reported for integrity ($M = 4.89$, $SD = .333$). The differences observed between the addiction versus recovery scores were statistically significant ($\text{sig.} < .01$).

Table 12

Use of 12-step Principles in Leadership: Active Addiction versus Active Recovery

12-step Principle	In Active Addiction			In Recovery			t test results
	Range	Mean	SD	Range	Mean	SD	
Honesty	1-4	1.89	1.05	4-5	4.78	0.44	$t(8) = -6.83$, $\text{sig.} = .00^*$
Faith	1-4	1.89	1.05	4-5	4.67	0.50	$t(8) = -6.40$, $\text{sig.} = .00^*$
Surrender to a higher power	1-2	1.22	0.44	3-5	4.67	0.71	$t(8) = -10.19$, $\text{sig.} = .00^*$
Soul searching	1-4	2.22	1.20	4-5	4.56	0.53	$t(8) = -4.68$, $\text{sig.} = .00^*$
Integrity	1-4	1.89	1.05	4-5	4.89	0.33	$t(8) = -8.05$, $\text{sig.} = .00^*$
Acceptance	1-3	1.56	0.73	3-5	4.22	0.97	$t(8) = -7.16$, $\text{sig.} = .00^*$
Humility	1-2	1.44	0.53	3-5	4.44	0.73	$t(8) = -8.05$, $\text{sig.} = .00^*$
Willingness	1-3	2.00	0.87	3-5	4.44	0.73	$t(8) = -5.50$, $\text{sig.} = .00^*$
Forgiveness	1-4	2.00	1.12	4-5	4.56	0.53	$t(8) = -5.75$, $\text{sig.} = .00^*$
Spiritual maintenance	1-2	1.44	0.53	4-5	4.78	0.44	$t(8) = -11.55$, $\text{sig.} = .00^*$
Making contact with a higher power	1-4	1.44	1.01	4-5	4.78	0.44	$t(8) = -7.56$, $\text{sig.} = .00^*$
Service	1-3	1.78	0.83	4-5	4.78	0.44	$t(8) = -8.05$, $\text{sig.} = .00^*$
Overall	1.00-2.83	1.73	0.67	3.67-5.00	4.63	0.45	$t(8) = -8.42$, $\text{sig.} = .00^*$

$N = 9$; Scale: 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree; *difference is significant at the .01 level

Participants provided some additional insights regarding the use of the 12-step program in their leadership during the interviews (see Table 13). Six participants stated that they apply the principles in their leadership. Grant shared that he applied all of them,

while others shared that they do not always apply to the workplace and, therefore, they apply them only to some degree. For example, Anthony shared, “I try to apply traditions as much as possible. Some work well, others not. As a university we’re not self-supporting. We draw on contributions. Student tuition.”

Table 13

Participants’ Descriptions of Use of 12-step Program Elements in Leadership

Aspect of the Program	N
Use the principles	6
Use the steps, traditions, slogans	4
Focus on alignment with God’s will	3
Take responsibility and accountability for self	1
Go back to the basics	1

N = 9

Four participants additionally described their use of the steps, traditions, and slogans in their leadership. These participants identified several specific slogans, steps, or traditions they particularly relied on in their leadership. For example, Brian explained,

Step 4: I take an inventory, find my own mistakes, and take responsibility. I use Traditions 1, 4, 9, and 12 when making decisions, such as “principles before personalities,” “being equitable,” “Spot it, you got it,” “one voice, one message,” “philosophy talks,” “same page” corporate philosophy. The principles behind Steps 3, 4, 9, and 12 are really important. “Natural leaders, unhealthy organizations.” “Culture matters.” To keep addiction at bay, I must be accountable to the steps and traditions. Otherwise, there are swift consequences. The traditions and concepts force us to live, work, and behave spiritually. The traditions provide a framework that gives a common sense of operations in the business.

Participants additionally provided specific descriptors of their leadership, further reflecting parallels to elements of the 12-step program (see Table 14). Three participants reported that, as leaders, they now practice openness, integrity, and transparency. For example, Martha shared, “If I don’t agree with [my peers or subordinates], I will have that conversation.” Mitch described his leadership style as “Authentic, transparent, relational. . . . I need to walk the talk, have integrity, and tell and connect to the truth.

This means doing the right thing at the right time, including the good, the bad, and the ugly.” These self-described leadership characteristics align with the principles of integrity that weave throughout the 12-step program.

Table 14

Participants’ Leadership Self-Descriptors and Parallels to the 12-step Program

Descriptor	12-step Program Element	N
Practices openness, integrity, and transparency	Integrity	3
Inclusive and empowering	Open membership	3
Service- and others-focused	Service	3
Dedicated	Unity	2
Trusted, gifted leader	Group conscience	2

N = 9

Another three participants described their leadership style as inclusive and empowering. Sidney elaborated,

[My leadership] isn’t autocratic. Granted, I sign checks, and I ask for things for things to be done, but folks understand that this is the direction we need to go. When it comes to long term projects decisions, I ask operations, billing, information technology, whatever group it will affect, we discuss. I ask for their input. I need them to follow direction and participate with solution. Problem and solution have nothing to do with each other. They now own part of it. I get to be the trusted servant and the leader. It makes my job really simple.

These traits align with the open membership concept of the 12-step program wherein all members have the right to participate and share their voice. Three participants expressed being service- and others-focused, consistent with the strong focus on being of service within the 12-step program. Other descriptors, each mentioned by two participants, were being dedicated, which aligns with the unity principle; and being a trusted, gifted leader, which aligns with the group conscience tradition with the 12-step program.

Comparing the findings for the use of the 12-step program elements for sustained recovery versus leadership reveals that the participants rely on the 12-step aspects more frequently in their leadership than they do in their sustained recovery (see Table 15).

Table 15***Use of 12-step Program Elements in Recovery versus Use in Leadership***

Elements	Reliance in recovery			Reliance in leadership		
	Range	Mean	SD	Range	Mean	SD
Attending meetings	2-4	2.89	0.60	*	*	*
Working the 12 steps	3-5	4.33	0.71	3-5	4.67	0.71
Working the 12 traditions	2-5	3.56	0.88	2-5	4.11	0.93
Working the 12 concepts of service	2-5	3.22	1.09	2-5	4.00	1.00
Being of service	3-5	4.22	0.67	4-5	4.78	0.44
Practicing the slogans	1-5	3.00	1.22	1-5	3.33	1.41
Working with a sponsor or mentor	2-5	3.11	1.17	2-5	3.89	0.93
Sponsoring or mentoring others	1-5	3.00	1.32	4-5	4.67	0.50
Surrendering to the process	3-5	4.22	0.97			
Overall	1-5	3.51	1.10	1-5	4.21	0.99

N = 9; Scale: 1 = never use, 2 = rarely use, 3 = rely on several times a week, 4 = rely on daily, 5 = rely on multiple times a day; *reliance on meeting attendance in leadership was not asked

Comparing the forced ranking results of the program elements used in sustained recovery versus those used in leadership reveals some similarities (see Table 16). The top three important elements for sustained recovery were working the 12 steps, attending meetings, and sponsoring others, whereas the important elements for leadership were working the 12 steps, being of service, and attending meetings. The primary difference was the working the 12 concepts of service was considered important to leadership but far less important to sustained recovery. Practicing the slogans was considered least important in both realms.

Table 16***Ranking of Importance of 12-step Program Elements in Recovery versus Leadership***

Ranking According to Importance for Sustained Recovery	Ranking According to Importance for Leadership
1. Working the 12 steps	1. Working the 12 steps
2. Attending meetings	2. Being of service
3. Sponsoring others	3. Attending meetings
4. Being of service	4. Working the 12 concepts of service
5. Surrendering to the process	5. Working with a mentor
6. Working with a sponsor	6. Mentoring others
7. Working the 12 traditions	7. Working the 12 traditions
8. Working the 12 concepts of service	8. Surrendering to the process
9. Practicing the slogans	9. Practicing the slogans

Perceived Outcomes of the 12 Steps in Leadership

Participants identified several personal, professional, and leadership impacts they experienced as a result of their use of the 12-step program (see Table 17). Four participants stated they learned to connect with God and others. Mitch shared that in the recovery community, he “had to put aside his ego and shame. I immediately got love and acceptance.” Anthony shared, “A certain part of my healing is learning to get along with other people. [Coed meetings] were a good contribution for me. Helps me a lot. Learning how to be a sober person around other sober people, everybody helped.” Ed shared that because he had learned how to connect to a higher power, he had been able to go through many difficult life experiences without drinking:

I have been through a divorce. Going through that sober absolutely sucks. I’ve been through a couple of them drunk and that wasn’t that big of a deal, but sober, was very painful. I had not had to take a drink going through any of those things. I’ve had to do some pretty painful things over the last 12 years, and I haven’t had to drink over any of them. Learned to contact the higher power, asked for the Holy Ghost to be sent down to comfort me and my fellows. I came out of emergency room after my son died, walked into the lobby, stunned. Most of my AA group was there. I’ll never forget it. I understand when I hear people say “I’m a grateful recovering alcoholic.” I understand. I’m glad that I’m an alcoholic,

because I can imagine nothing worse than . . . thinking that you're in control, when you're really not. Lots of people live their entire lives [that way]. You're never broken completely, willing to turn loose and ask the higher power for help. Luckily I was broken completely and on my knees asking for help, and it came. It still comes. You have to believe Step 1. Concede your innermost self. Page 30. You've got to believe! You've got to know for a fact that you're powerless over that stuff. I can't drink any of it.

Table 17

Personal, Professional, and Leadership Impacts of Use of 12-step Program

Impact	N
Personal	
Learning to connect with God and others	4
Compassion and tolerance for self and others	4
Realized the need to align life with growing self-awareness	3
Enjoyment of sobriety	3
Professional: Enabled me to achieve professional success and bottom-line results	5
Leadership	
Uphold and require a different standard of behavior	4
Have a different motivation now	3

N = 9

Four participants described having more compassion and tolerance for self and others. Shelly explained, "I have let go of judgment of myself and others." Another personal impact was realizing the need to align one's life with one's growing self-awareness. Mitch, for example, explained that he was sober and working a recovery organization,

yet found myself in an unhealthy environment from the top down. I started telling the truth. Over time, I realized that the leader I was becoming didn't fit into this organization. [Ultimately, I] went to new opportunity that had potential. I was clear in my expectations of what I wanted and needed. I always ask myself, "Do I really believe this stuff? I want no "daylight" between what I do professionally and personally. Effective leadership is spiritually grounded.

Other personal impacts were that they were immensely enjoying sobriety and that they had developed compassion and tolerance for themselves and others. Each of these impacts were mentioned by three participants.

Five participants shared that their involvement in and use of the 12-step program had enabled them to achieve professional success and bottom-line results. Brian shared that while his “competitors are at 40% occupancy, I have a waiting list.” Grant stated, “Every aspect of my life has changed and immensely improved. . . . Recovery has allowed me to open doors. I never would have gotten to the highest levels of the organization without being sober.” Sidney shared his story, emphasizing that his adoption of the 12-step program fueled his career progression and successes:

Once I was sober and stayed sober, they asked me to start a department up. I did. It grew and grew, and every month since November 1992, it’s been in the black. They wanted to make it its own company. “Do you want to buy in and be partner?” That was in 2000. I bought 20%, then another 20%, and I bought another 20%. That brings us to today. There are five companies in this building and I’m on all of their boards. If there’s anybody in the building that has found out about a problem, they send them to see me. The timeline of my sobriety date in 1992 in May, starting the division in November 1992, and in 2000 it’s own company. It lines up perfectly. Taking those steps, becoming familiar with the traditions, implementing the steps. . . . My progression down the service structure was precipitated and aided by doing the steps with the multiple guys I sponsored. Then the traditions, then the concepts lined up exactly with the progression in my career. To the date.

Regarding the impacts of the 12-step program on their leadership, four participants stated that in recovery, they uphold and require a different standard of behavior for themselves and their subordinates. Ed explained how he is less impulsive and more deliberate:

I have learned to not make snap decisions. I study things a bit longer. The first thing I look at when a problem comes up is “How long do I have to do this? Do I need to make a quick decision or do I have some time?” I go from there. I didn’t used to do that. Problem would enter my head, evaluate, here’s your answer. I don’t do that anymore. I take a little more time to think things through. I don’t know if that’s from recovery or where that came from. It’s how I do it now.

Shelly compared her leadership style before and after recovery,

I was in corporate America . . . my subordinates said I was the leading b----. It was appalling how I treated them. After 11 years, my position was eliminated as

Senior VP. . . . I have changed 100% and done a 180 as a leader because of my exposure to the 12-step program.

Three participants shared that they now have a different motivation. Brian simply stated, “my job is to incubate a spiritual awakening,” while Martha shared,

I will tell you that at my job in [the recovery organization], I wasn’t making a lot of money. I wasn’t making anything. “What the f--- am I doing this for?! Oh yes, I’m doing this for the greater good, higher principles, etc. etc.” I never would have done that before being sober.

Perceived Applicability of the 12-step Program to Leadership Development

The final topic participants were asked to evaluate was the extent to which they believed the 12-step program (if changed to non-recovery language) would be beneficial for leaders who are not in recovery. The survey data indicated that, on average, participants believed the program would be moderately beneficial ($M = 3.88$, $SD = 1.15$), although individual responses ranged from “not at all beneficial” to “invaluable” (see Table 18).

Table 18

Applicability of the 12-step Program for Leadership Development (Non-Recovery Population)

	Range	Mean	SD
Attending support group	2-5	3.78	1.09
Working the 12 steps	2-5	4.33	1.00
Working the 12 traditions	1-5	3.89	1.17
Working the 12 concepts of service	1-5	3.33	1.22
Being of service	4-5	4.44	0.53
Practicing the slogans	1-5	2.56	1.33
Working with a mentor	3-5	4.22	0.83
Mentoring others	3-5	4.44	0.73
Overall	1-5	3.88	1.15

$N = 9$; 1 = not at all beneficial, 2 = minimally beneficial, 3 = moderately beneficial, 4 = substantially beneficial, 5 = invaluable

Four aspects were rated as being substantially beneficial: being of service ($M = 4.44$, $SD = 0.53$), mentoring others ($M = 4.44$, $SD = 0.73$), working the 12 steps ($M = 4.33$, $SD = 1.00$), and working with a mentor ($M = 4.22$, $SD = 0.83$). The least valuable aspect of the program according to participants is practicing the slogans ($M = 2.56$, $SD = 1.33$).

In the interviews, five participants expressed that the program was fully applicable to leaders who are not recovery. Mitch observed, “There are synergies between AA approaches and various business tools and techniques, such as Lencioni’s Five Dysfunctions of a Team.” Victor added,

Everybody can benefit. Those of us who know the benefits and reap the rewards of having 12-step recovery especially over many years certainly would love for others to have the same benefits. People that I counsel as a minister or employees with issues come to me and they think I’m this thriving wisdom well. I got it all at an AA meeting! I think that other leaders—I don’t know how you’d bottle it or sell it, or should we or could we—I wish more people could get the same benefit we do. If there was some way to bottle this stuff up and offer it to the world for people who don’t have an alcohol or drug addiction that would be wonderful. It’s changed my life completely. The other thing to share is that God gets the credit. There’s nothing that I did myself of my own accord or my own power that I did. God gets the credit and the glory.

Shelly emphasized, “[It is] absolutely appropriate for leaders who are not in recovery.” She also offered some suggestions for how it might be implemented, adding that it could take a long time for an organization to adopt the principles:

Start with a cultural inventory. Then create a vision for where the organization wants to go. Then create a plan for aligning systems and rewards to support that new culture. You have to reward something to get results. And it starts with thinking, followed by actions, and then results. And it has to start at the top. But it would take years for a large organization to shift enough to live the 12 steps and principles.

Another four participants agreed that it is applicable but cautioned that there are some exceptions when applying it to a non-recovery setting. Sidney acknowledged his own bias that the 12-step program is for alcoholics:

I'm so singular in thought about 12 steps. I'm kind of one of those right wing conservative goofs in AA that in a meeting when I hear someone talk about their meth use, my ears slam shut. I might have some real difficulty taking the 12 steps and applying them elsewhere. That's my shortcoming. Being slapped with that as a result of some Step 7 work right now again to try and get past. It's getting meaningful in meetings to them. That's almost all I'm hearing anymore. I'm sure it will be possible that some folks will benefit from 12 steps but I think almost everyone can benefit from the traditions.

Ed advised that the language may need to be adapted:

You might have to reword it again for the general business world to accept it. The tenets are the same. There's nothing new in AA. It all came out of the Bible. . . . The business world would stand much to gain from it. You'd have to reword it so that a non-alcoholic business man could swallow it. I don't know how you would do that because I believe the Big Book was not written by God but God was contacted for help in the writing of that book. God had an influence in the writing of that book. I'm not putting it in the same category as the Bible, but I believe the men who wrote that book, the first hundred men, asked for guidance and they received it when they wrote that book.

Summary

Seven men and two women comprised the sample for this study. Each was in a leadership role and, collectively, they represented a range of companies and industries. The participants described having lengthy periods of addiction that involved alcohol and often other substances. Participants believed that their family history and dynamics, distorted self-concepts, lack of connection to others, and environments that encouraged substance use contributed to their own addiction. As the addiction progressed and life took a backseat to their substance use, their lives deteriorated and they often abandoned their opportunities and commitments. Various precipitating events prompted them to get sober, including urging from significant others, rock bottom experiences, and wake up

calls. Despite many having unsuccessful early attempts at recovery, the participants have enjoyed sustained sobriety for a minimum of 5 years.

The participants reported relying on the various aspects of the 12-step program as part of their sustained recovery. They most heavily relied on working the 12 steps, attending meetings, being of service, surrendering to the process, and sponsorship (including having a sponsor and sponsoring others).

The participants also reported regularly using many elements of the 12-step principles, traditions, and slogans in their leadership. Participants reported the heaviest reliance on being of service, mentoring others, working the 12 steps, and attending meetings. The traditions were reported as having a moderate influence on their leadership. Traditions with the most reported impact included the self-supporting principle. The participants reported that before recovery, they did not exhibit 12-step principles in their leadership. In recovery, they did report exhibiting them. Participants additionally commented that the 12-step program elements do not always apply to the workplace.

Participants identified several personal, professional, and leadership impacts they experienced as a result of their use of the 12-step program. Personal impacts included learning to connect with God and others, aligning one's life with one's identity, enjoying sobriety, and developing compassion for self and others. More than half the participants emphasized that recovery through the 12 steps enabled them to achieve professional success and bottom-line results that were otherwise impossible. They added that their leadership, informed by the 12 steps, now has a different motivation and that they uphold and require a different standard of behavior for themselves and others.

Comparing the findings for the use of the 12-step program elements for sustained recovery versus leadership reveals that the participants rely on the 12-step aspects more frequently in their leadership than they do in their sustained recovery. Comparing the forced ranking results of the program elements used in sustained recovery versus those used in leadership reveals the top three important elements for sustained recovery were working the 12 steps, attending meetings, and sponsoring others, whereas the important elements for leadership were working the 12 steps, being of service, and attending meetings. The primary difference was the working the 12 concepts of service was considered important to leadership but far less important to sustained recovery. Practicing the slogans was considered least important in both realms.

The participants believed that, overall, the 12-step program would be moderately beneficial for leadership development applications outside of recovery communities. Four elements were believed to be substantially beneficial: being of service, mentoring others, working the 12 steps, and working with a mentor. The next chapter provides a discussion of these results.

Chapter 5

Discussion

The purpose of this study was to examine the impact of 12-step programs on executives' leadership styles. Four research questions were examined:

1. To what extent do they identify with 12-step philosophies?
2. To what extent do they use 12-step principles, traditions, and slogans in their leadership?
3. What outcomes do the leaders attribute to their use of the 12 steps in their leadership?
4. What is the perceived applicability of the 12-step program for leadership development beyond the recovery community?

This chapter provides a discussion of the study results. First, the key findings are reviewed. Second, practical recommendations emerging from these findings are discussed. Third, the limitations of the study are acknowledged. Finally, suggestions for continued research are outlined.

Summary of Findings

Identification with 12-step philosophies. The participants reported relying on the various aspects of the 12-step program as part of their sustained recovery several times a week or more. They most heavily relied on, in order, working the 12 steps, attending meetings, being of service, surrendering to the process, and sponsorship (including having a sponsor and sponsoring others). These results are not surprising—both in the regular use of the 12 steps and various degrees of use of the remaining elements. The 12-step program offers a wide variety of tools and participants in the programs are encouraged to gravitate toward what works for them. These results suggest that the 12-step program offers an effective design as it uses a galvanizing process (the 12

steps) that also allows for diversity in approaches. In short, there is something for everyone.

Additionally, it is interesting that after 5 to 29 years of sobriety, these individuals are still regularly relying upon the program's various elements. This suggests that the participants have deeply integrated the 12-step process into their way of perceiving, thinking, and being. These are remarkable results when one considers the 12-step program as a training program as discussed below in recommendations.

Several reasons may explain the powerful impact of the program. One likely reason is the program's multimodal nature. From steps; to principles, traditions, and slogans; to service; to sponsoring and being sponsored, the program offers many ways for participants to learn about, practice, and live out its tenets.

A second likely reason is regular meeting attendance. In the meetings, attendees practice the various elements of the program, share their experiences, and hear about and see others practicing the program. The gold standard in recovery is "90 meetings in 90 days;" thus, attendees repetitively and deeply immerse in the culture and practices of the 12 steps for 3 months, allowing them to develop a neurological memory of working the steps. After the 90 days, most attendees, like the participants in this study continue attending meetings one or more times per week.

A third likely reason for the program's impact is readiness. Like the participants in this study, people often choose recovery after some precipitating event that creates intense readiness for change. Moreover, these individuals often are aware of the tremendous consequences of failure. For example, several participants emphasized their realization that they would die unless they chose sobriety. Many participants in this study also have witnessed family members die as a result of their addictions. Cummings and

Worley (2008) emphasized that people need to experience deep levels of pain to change. Having experienced some precipitating event and also being aware of the profound consequences of relapse likely support the program's success.

These various factors of the program's multimodal nature, regular meeting attendance, and participants' readiness for change likely heighten participants' adherence to the program and, in turn, the program's lasting impact. However, confirming these causalities and the differential impact of each requires further examination.

Use of 12-step principles, traditions, and slogans in leadership. The participants reported regularly using many elements of the 12-step principles, traditions, and slogans in their leadership. In particular, they reported, in order, being of service, mentoring others, working the 12 steps, and attending meetings. They also reported relying more on the elements of the 12-step program (e.g., being of service, mentoring others) in their leadership than in their sustained recovery, given that the mean scores for their reliance on the program elements in leadership were higher than the mean scores for their reliance on the program elements in recovery.

The traditions were reported as having a moderate influence on their leadership. Moreover, all participants reported that before recovery, they did not exhibit 12-step principles in their leadership. Now, during recovery, they do exhibit them.

Participants additionally commented that the 12-step program elements do not always apply to the workplace. For example, Sidney acknowledged his own bias that the 12-step program is for alcoholics, whereas Ed advised that the language may need to be adapted.

These findings suggest that the 12-step program offers an integrative and transformational method for developing ways of perceiving, thinking, and being that can

be instrumental in leadership on an ongoing basis. Considering the deep and lasting impact the program reportedly had on participants long after their initial decision to join the program, it follows that the 12-step program may be more effective in terms of cost and leadership impact than many programs typically offered as leadership development. Given that the approach taken by 12-step programs are typically self-organized, self-operated, and self-reinforcing, it appears that a culture of leadership may be developed among participants for the benefit of organizations. This represents a unique contribution to literature, as the impact of 12-step programs on leadership capabilities within participants has not been specifically examined.

At the same time, it is important to remember that the issue of readiness (e.g., having a rock bottom experience that triggers change) and steep consequences for failure to adhere to the culture (e.g., death due to overdose or other effects of the substances) may moderate the program's effect. These features of addiction can prompt individuals to make a decision for permanent change. Examining the criticality of these factors (i.e., readiness and consequences for failure) in change requires further examination.

Outcomes attributed to the use of the 12 steps in leadership. Participants identified several personal, professional, and leadership impacts they experienced as a result of their use of the 12-step program. Personal impacts included, in order, learning to connect with God and others, aligning one's life with one's identity, enjoying sobriety, and developing compassion for self and others. More than half the participants emphasized that recovery through the 12 steps enabled them to achieve professional success and bottom-line results that were otherwise impossible. They added that their leadership, informed by the 12 steps, now has a different motivation and that they uphold and require a higher standard of behavior for themselves and others.

These results suggest that the leadership outcomes of the program balance “being with” self and others (connection and compassion) with accountability (requiring a standard of behavior). According to the participants, balancing these factors culminates in professional success and bottom-line results. In other words, they perceived leadership, as inspired by the 12-step approach, as enhancing humanity while achieving bottom line results. This is understandably valuable to organizations. Thus, it would make sense to try to cultivate this type of leadership style throughout the organization. Attempting to do so and examining the best ways for doing so lead to suggestions for practice and research, which are discussed later in this chapter.

Applicability of the 12-step program to leadership development. The participants believed that, overall, the 12-step program would be moderately beneficial for leadership development applications outside of recovery communities. Four elements were believed to be of particular value: being of service, mentoring others, working the 12 steps, and working with a mentor. The slogans were perceived to be of least value (consistent with the participants’ views about the usefulness of the slogans for their own life and leadership).

As discussed previously, the 12-step program can be a method for profound personal transformation that has the power to bring people, in Sidney’s words, from “the point of living in my car to owning some cars I wouldn’t mind living in.” Participants perceived the program to cultivate a culture of leadership that balances humanistic concerns with bottom-line results. Moreover, their developed leadership traits were reportedly highly enduring. These results suggest that if such a program were used on a broader scale for leadership development, the return on investment for the organization would be substantial. Based on these results, it is advisable to launch to a leadership

development program that incorporates fundamentals of the 12-step model. This suggestion is described in detail in the recommendations section.

Conclusions

Two conclusions are drawn based on the results of this study:

1. The 12-step program provided a powerful method for personal and professional transformation. The leaders involved in the present study personally identified with the 12-step program and its various elements. The program appears to have had an enduring impact on the participants and spurred deep personal transformation. It is believed that these shifts stem from a combination of the program's multimodal nature, regular meeting attendance and immersion in the program, and participants' readiness for change. It is reasonable to conclude that a leadership development program that emulates similar features of immersion, repetition, multimodal reiteration of concepts, and cultivation of participants' readiness for change would also be effective for creating a culture of leadership that balances humanistic and bottom-line concerns.

2. The 12-step program may be implemented as a powerfully transformative leadership program. The 12-step program offers an integrative and transformational method for developing ways of perceiving, thinking, and being that are regularly instrumental in leadership. A 12-step program adapted for a non-recovery population is likely to be an effective and inexpensive way for developing humanistic, results-oriented leaders. At the same time, it is important to understand the limitations of such a program—specifically that it might not be able to be implemented within one organization. That is, the anonymous aspect of having a confidential sounding board is likely critical for the honesty and accountability that is central to the program. Concerns about reprisal, judgment, information being shared with his or her manager, or

competition for promotions with other participants would erode the climate of safety and undermine program success.

Recommendations

The primary recommendation based on this study is to pilot an external leadership development training program. Due to concerns about confidentiality, the preferred design for a 12-step style leadership program is for an external training organization to form a type of “Leaders Anonymous” training group that assembles participants from various organizations and across various industries. It is further advisable that none of the participants know each other before the program. It may have particular appeal to spiritually based organizations or those that are affiliated with a religious sect or denomination. This is similar to the stranger T-groups held at NTL.

The program design could be a 3- to 10-day immersion boot camp and then continue the program virtually through support groups focused on working the 12 steps. For the program to be effective, the 12 steps need to be adapted for a non-recovery population who had a strong interest in using a spiritual theme to develop themselves as leaders. Possible adaptations include:

1. We admitted that we have been creating consequences (unmanageability) that the we no longer want to pay.
2. Came to believe that a Power greater than ourselves could develop us into the leaders we can be.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.

7. Humbly ask Him, to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take a personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for the knowledge of his will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to others and to practice these principles in all our affairs.

This training program could be designed and offered by a recovery organization that has expertise in 12-step programs as a means for diversifying their offerings and client base. Alternately, a leadership development organization that has expertise and established client contacts in this arena may partner with a recovery specialist to design the 12-step leadership development program. Designing and delivering a 12-step oriented leadership development program could become a powerful niche in the training industry due to their power to produce lasting change. In particular, the 12-step leadership program could be particularly popular among organizations searching for a cost-effective leadership development program that produces sustained results. If this was organized and offered in a “grass-roots” effort by leaders themselves, such a program may involve only nominal costs—similar to AA and other 12-step programs. If offered by an external organizations, the cost may be higher, but likely could be delivered most cost effectively than other leadership development programs.

As a point of comparison, the Center for Creative Leadership’s (2013) leadership development roadmap for “leading at the peak” includes a 5-day approach of leading self,

leading others, leading managers, leading the function, and leading the organization and costs \$11,800. This program does not offer the lasting peer support and mentoring and immersion in the program that a 12-step style program would offer.

A 12-step leadership development program also could be convened informally. For example, Mitch shared that he formed a group of 12 professional men in sustained recovery to support their continued growth. According to this design, one or more individuals could solicit participants from their personal and professional networks and form a group. The experience could again begin with a weekend immersion kick-off, followed by weekly virtual meetings. As with a formally delivered program, the 12 steps will need to be adapted for a non-recovery population, as discussed in the previous paragraph.

Limitations

Several limitations affected this study and are important to mention:

1. Participant bias. The study relied upon self-reported data, which is vulnerable to various participant biases (Creswell, 2009). One such bias is hypothesis guessing, where participants say what they think the researcher wants to hear. In this way, participants consciously or subconsciously try to “help” the researcher. Another possible self-report bias is socially desirable answering, where participants attempt to portray themselves in the best light possible. Moreover, this study assumed that the participants had accurate perceptions regarding their leadership and their embodiment of the 12-step program. In future studies, it would be helpful to gather other forms of data, such as observation data, data from validated assessments or unobtrusive measures, and 360-degree feedback from peers, subordinates, and managers.
2. Priming experiences. The study results also may have been influenced by the participants’ recent activities just before the data were gathered. For example, the week of data gathering, it is possible that they had a workplace conversation that reminded them of the traditions or they might have chosen to attend a daily meeting. This type of limitation could be avoided in future studies by less reliance on self-reported data. Alternately, more representative data could be generated even through self-reported means by asking questions such as, “Over the last 30 days, what was your use of the following aspects of the 12-step program as a leader, within the workplace?”

3. Indeterminate critical success factors. The study results have suggested that the 12-step program is an effective method for change that cultivates a unique and lasting culture of leadership among its participants. However, it is uncertain how much of this impact is due to characteristics of recovery from addiction, such as having a rock bottom experience or other precipitating event that convinces the individual of the need for change or the individual's awareness of the serious and often fatal consequences of failure. These two factors may be critical success factors for the program; yet, these probably are not commonly cited motivators for seeking leadership development. Identifying the necessity of a rock bottom experience and awareness of the costs of failure for leadership development are important directions for continued research.
4. Lack of clarity about focus of leadership. The 12-step program is a method for personal transformation. Therefore, it may have been confusing to apply the 12-step program elements to leadership. For example, despite the researcher's attempts to clarify that she was examining the participants' workplace leadership style, it is possible that the participants may have provided data that related to leadership of the group, leadership of the organization, organizational strategic intent, or personal leadership outside the workplace.

Suggestions for Continued Research

Several suggestions for continued research are offered:

1. Examine the impact of various program elements. The study produced valuable insights about the impact of the 12-step program on workplace leadership style. However, examination of the results revealed several needed directions for continued research. One topic requiring further investigation is the impact of the various characteristics of the program (e.g., the program's multimodal nature, regular meeting attendance, and participants' readiness for change) on program outcomes. Specifically, to design an effective leadership development program based on the 12 steps, it will be necessary to understand whether the "90 meetings in 90 days" is critical for transformation or whether less immersion in the program will still be effective. Identifying the various impacts of these program features could be researched further using validated surveys and regression techniques or, alternately, more in-depth and focused interviewing about the impacts of the various elements.
2. Examine the role of participant readiness. Moreover, it is critical to understand the role of participant readiness. For example, if a rock bottom experience (or precipitating event) and keen awareness of the cost of failure is critical for program success, developing this kind of readiness for change could be built into the design of the program. Identifying the various impacts of participant readiness could be assessed using surveys based on models of personal transformation as well as interviews.

3. Examine the impacts of various program elements. A related suggestion for research is to more deeply understand the impacts and application of specific program elements. For example, the study results suggested that participants relied heavily in their sustained recovery and in their workplace leadership on the 12 steps. However, the 12 steps outline a comprehensive model for personal change. It would be helpful to understand whether they rely on each step equally or if some steps are more central to their leadership than others. Gathering these insights could be accomplished through more focused interviewing about each step, tradition, concept of service, slogan, and other elements.
4. Repeat the study using a larger, more diverse sample. This study relied on a small, primarily male sample of nine leaders who have been sober, on average, for 22 years and who have continued regular involvement in the 12-step program. Based on the length of their involvement, the results were expected. It would be helpful to expand the study to a larger sample of individuals who have varying lengths of tenure in 12-step programs. For example, a mixed methods study using a large survey population of individuals ranging in the length of their sobriety from 2 years to more than 30 years would produce more generalizable results. In-depth interviews with at least 25 individuals of varying lengths of recovery would further deepen the results. Additionally, incorporating observation data, data from validated assessments or unobtrusive measures, and 360-degree feedback from peers, subordinates, and managers would further strengthen the data.

Summary

Addiction is an insidious problem that has resulted in substantial costs in the workplace. When leaders are affected by addiction, the impacts at the individual, group, and organizational levels are even more profound. A popular framework for recovery from addiction is the 12-step program. Approximately 114,000 12-step groups are in operation with more than 2,000,000 members in approximately 170 countries. Given the far-reaching and devastating impact that leaders struggling with addiction have on themselves, their organizations, and all those who surround them, it was critical to understand whether, how, and to what degree involvement in 12-step recovery has on their leadership styles and behaviors. This study examined the impact of 12-step programs on executives' leadership styles in the workplace. A mixed method design was

used to gather survey and interview data about their use of 12-step program elements in their personal and professional lives, the outcomes they associate with the program, and applicability of the 12-step program for leadership development beyond the recovery community.

The leaders involved in the present study reported relying on the 12-step program elements a great deal in both their personal and professional lives. The program appears to have had an enduring impact on the participants and has spurred deep transformation. Participants experienced several personal, professional, and leadership impacts as a result of their use of the 12-step program. These impacts enable them to balance concerns of both humanity and results in the workplace. The 12-step program offers an integrative and transformational method for developing ways of perceiving, thinking, and being that are regularly instrumental in leadership. A 12-step program adapted for a non-recovery population is likely to be a highly effective and inexpensive way for developing humanistic, results-oriented leaders. Despite the limitations concerning the small sample size, self-report data, and measurement, this study has produced valuable insights. Continued insights may be gained by further examining the unique impact of each program element and repeating the study on a larger sample and with revised data collection tools.

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Appendix A: Screening Interview

Thanks for your interest in the study. I am conducting this study in partial fulfillment of my master's in organization development at Pepperdine University. I run business sales operations for a large company. I got sober March 16, 1988, and I find myself applying AA principles on a daily basis to my professional life. That leads me to wonder if other executives in recovery have similar views and what their experiences have been regarding the application of AA principles to their leadership. Do you mind if I ask you a few questions to make sure that this is a valuable use of time for both of us?

1. Are you currently employed?

If yes,

- a. Where?
- b. What is your role?
- c. How many people do you manage or influence as part of that role?

If no,

- a. When were you last employed?
- b. Where?
- c. What was your role?
- d. How many people did you manage or influence as part of that role?

2. Are you sober? (If yes) What is your sobriety date? Do you identify as a recovering addict?

3. Have you ever attended a 12-step meeting regularly?

If yes,

- d. When?
- e. For what period of time did you attend regularly? (want this for at least 2 years)

If no,

- f. What enabled you to get sober? (if they used 12 steps in some form, they still qualify)
- g. Are you still engaging in that practice?

4. Has what you learned through your exposure to 12 steps affected your professional life (and specifically your leadership) in any way?

Appendix B: Consent Form

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

Participant: _____

Principal Investigator: Kelly Whiteside _____

Title of Project: Identifying the Impact of 12-step Programs on Executives' Leadership Styles

1. I _____, agree to participate in the research study *being conducted by Kelly Whiteside under the direction of Dr. Miriam Lacey*.

2. *The overall purpose of this research is:*
The purpose of this study was to examine the impact of 12-step programs on executives' leadership styles.

3. My participation will involve the following:
A one-on-one 1-hour interview

4. My participation in the study will be in the duration of 1 hour. The study shall be conducted by telephone or at in-person at my work site.

5. I understand that the possible benefits to myself or society from this research are:
Increase my understanding of my own experience of recovery and its impact on my leadership. I also may contribute to increased understanding of the impact of 12-step programs on executives' leadership styles

6. I understand that there are certain risks and discomforts that might be associated with this research. These risks include:
Possible emotional upset as I recall and discuss my experiences of addiction and recovery

8. I understand that I may choose not to participate in this research.

9. I understand that my participation is voluntary and that I may refuse to participate and/or withdraw my consent and discontinue participation in the project or activity at any time without penalty or loss of benefits to which I am otherwise entitled.

10. I understand that the investigator(s) and the University will take all reasonable measures to protect the confidentiality of my records and my identity will not be revealed in any publication that may result from this project. The confidentiality of my records will be maintained in accordance with applicable state and federal laws. Under California law, there are exceptions to confidentiality, including suspicion that a child, elder, or dependent adult is being abused, or if an individual discloses an intent to harm him/herself or others.
11. I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact Dr. Miriam Lacey at [contact information omitted] if I have other questions or concerns about this research. If I have questions about my rights as a research participant, I understand that I can contact Dr. Doug Leigh, Chairperson of the Graduate School of Education & Psychology IRB, Pepperdine University, at [contact information omitted].
12. I understand that in the event of physical injury resulting from the research procedures in which I am to participate, no form of compensation is available. Medical treatment may be provided at my own expense or at the expense of my health care insurer which may or may not provide coverage. If I have questions, I should contact my insurer.
13. I understand to my satisfaction the information regarding participation in the research project. All my questions have been answered to my satisfaction. I have received a copy of this informed consent form which I have read and understand. I hereby consent to participate in the research described above.

Participant's Signature

Date

Witness

Date

I have explained and defined in detail the research procedure in which the subject has consented to participate. Having explained this and answered any questions, I am cosigning this form and accepting this person's consent.

Principal Investigator

Date

Appendix C: Interview Script

OPENING

Thanks for your interest in the study. I am conducting this interview as part of my thesis, in partial fulfillment of my master's in organization development at Pepperdine University. Participation in this study is entirely voluntary. You have the right to withdraw from the study or refuse to answer any question, at any time, for any reason.

I run business sales operations for a large company. I got sober March 16, 1988. I find myself applying AA principles on a daily basis to my professional life. That leads me to wonder if other executives in recovery have similar views and what their experiences have been regarding the application of AA principles to their leadership.

Before we begin, I want to reiterate that your responses will be kept confidential. With your consent, I will audio-record this interview so I can focus on our conversation. The recording will be used only to create notes of our conversation and then it will be erased. Your responses will be recorded and identified by a participant code. A password-protected file on the researcher's computer will list the participant codes and corresponding names. No one beyond myself will have access to the codes. This file will be destroyed upon completion of the study. Identifying information will be removed from electronic versions of raw data, which will be kept indefinitely for research purposes. Participation is voluntary and you can decline a question or withdraw at any time. Do you still feel comfortable continuing with the study?

WARM-UP

1. Just to confirm for my research, your sobriety date is _____
2. Tell me a little about who you are as a leader.
 - a. Do you have a brand?
 - b. What would your subordinates say about you?
 - c. What would your peer group say about you?
 - d. What's the thing you love the most about your job?
 - e. What are you most proud of?

CORE QUESTIONS

Life and Leadership in Active Addiction

Now I'd like to go back to the period before you got sober.

3. Tell me a little about your addiction.
 - a. What was your drug of choice?
 - b. How long were you using?
 - c. Where were you living at the time?
 - d. Why do you believe you used?
4. During the period of active addiction, what was your work history and experience?

- a. Where you were working and in what role?
- b. What were your work behaviors and attitudes?
- c. How would you characterize your leadership style then (whether or not you were an organizational leader)?

Life and Leadership in Recovery

- 5. What led you to sobriety or to the 12 steps?
 - a. Was there a person who was instrumental in that process?
 - b. Did you have a rock bottom experience?
- 6. Tell me about your experience of recovery.
 - a. What was your path?
 - b. Did you get in and stay in or go in stops and starts?
 - c. What worked best for you?
 - d. How has your program of recovery changed over time?
 - e. What does meeting attendance look like today?
 - f. Do you still work with a sponsor?
 - g. Do you still sponsor others?
- 7. How has recovery played out at work for you?
 - a. Are you anonymous at work?
 - b. Have you had any conflicts in being sober at work? How have you handled these?

Use of the 12 Steps

- 8. How have the 12 steps factored into your recovery?
 - a. Have you worked all 12? How many times?
 - b. What step are you on currently?
- 9. What other tools of the program helped in your recovery?
Prompts:
 - a. The traditions?
 - b. The slogans?

Impact of 12 Steps on Work and Leadership

- 10. Do you see a direct workplace application of the principles you learned in the 12-step program? Tell me more.
- 11. Do you believe you have changed as a leader due to your exposure to the 12-step program? Please explain.
- 12. Reflecting on all aspects of the 12-step program, which of these have most influenced your leadership ability?
- 13. When you think about the outcomes and impacts of your leadership, do you associate any of these with your use of 12-step tools, philosophies, traditions, or slogans? Tell me more.

14. When you think about the impacts of the 12-step program on your leadership and work outcomes, do you think the 12 steps would have relevance for leaders who are not in a recovery process? Please explain.

CLOSING

14. Is there anything else you believe is important to share?

Appendix D: Participant Survey

1. What is your use of the following aspects of the 12-step program today as part of your sustained recovery?

	Never use	Rarely use	Rely on several times a week	Rely on daily	Rely on multiple times a day
Attending meetings					
Working the 12 steps					
Working the 12 traditions					
Working the 12 concepts of service					
Being of service					
Practicing the slogans					
Working with a sponsor					
Sponsoring others					
Surrendering to the process					

2. Please rank the following aspects of the 12-step program, in order, according to their influence ON YOUR RECOVERY:

Rank	
	Attending meetings
	Working the 12 steps
	Working the 12 traditions
	Working the 12 concepts of service
	Being of service
	Practicing the slogans
	Working with a sponsor
	Sponsoring others
	Surrendering to the process
	Other: _____

3. What is your use of the following aspects of the 12-step program AS A LEADER, WITHIN THE WORKPLACE?

	Never use	Rarely use	Rely on several times a week	Rely on daily	Rely on multiple times a day
Working the 12 steps					
Working the 12 traditions					
Working the 12 concepts of service					
Being of service					
Practicing the slogans					
Working with a mentor					
Mentoring others					

4. Please rank the following aspects of the 12-step program, in order, according to their influence ON YOUR LEADERSHIP:

Rank	
	Attending meetings
	Working the 12 steps
	Working the 12 traditions

	Working the 12 concepts of service
	Being of service
	Practicing the slogans
	Working with a sponsor
	Sponsoring others
	Surrendering to the process
	Other: _____

5. To what extent do you apply the principles behind the 12 traditions in your leadership?

Principle and Associated Tradition	Never use	Rarely use	Rely on several times a week	Rely on daily	Rely on multiple times a day
Unity Principle (The AA member conforms to the principles of recovery; at first because he must, later because he discovers a way of life he really wants to live.)					
Group Conscience Principle (When we come to understand the wisdom of the group decision and the necessity of patiently awaiting developments, the real and permanent leadership of AA can offer the quiet opinion, the sure knowledge and humble example that resolve a crisis, leading by example, rather than driving by mandate.)					
Open Membership Principle (When confronted by the fear that is the true basis of intolerance, we need only ask, "What would the Master do?")					
Autonomy Principle (Eventually, we must conform to whatever tested principles guarantee survival. Sobriety must be our sole objective. In all other respects there is perfect freedom of will and action. We have the right to be wrong, but we no longer have the right to harm others.)					
Primary Purpose Principle (It is the great paradox of AA that we know we can seldom keep the precious gift of sobriety unless we give it away.)					
Conflicting Interest Principle (We are all perfectionists who, failing perfection, have gone to the other extreme. We can not be all things to all men, nor should we try.)					
Self-Supporting Principle (We, too, should be self-supporting through our own contributions. Not only is it a responsibility of sobriety, it is essential to our self-esteem.)					
Prudence Principle (We give freely what has been given freely to us.)					
Spirit of Service Principle (Unless each AA member follows to the best of his ability our suggested Twelve Steps to recovery, he almost certainly signs his death warrant. His drunkenness and dissolution are not penalties inflicted by people in authority; they result from his personal disobedience to spiritual principles.)					

Outside Issues Principle (We should not back away from our individual responsibility to act as we believe upon the issues of our time, yet self-righteousness should not cause us to enforce our will on others.)					
Attraction Rather than Promotion Principle (Personal ambition has no place in AA There is never need to praise ourselves.)					
Anonymity Principle (The spiritual substance of anonymity is sacrifice. We try to give up our natural desires for personal distinction as AA members both among fellow alcoholics and before the general public. We are sure that humility, expressed by anonymity, is the greatest safeguard that Alcoholics Anonymous can ever have.)					

6. While in active addiction, before I chose to get sober, I operated according to the following principles in my leadership:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Not applicable
Honesty						
Faith						
Surrender to a higher power						
Soul Searching						
Integrity						
Acceptance						
Humility						
Willingness						
Forgiveness						
Spiritual maintenance						
Making contact with a higher power						
Service						

7. Now, in recovery, I operate according to the following principles in my leadership:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Not applicable
Honesty						
Faith						
Surrender to a higher power						
Soul Searching						
Integrity						
Acceptance						
Humility						
Willingness						
Forgiveness						
Spiritual maintenance						
Making contact with a higher power						
Service						

8. To what extent do you think the following aspects of the 12-step program (if changed to non-recovery language) would be beneficial for leaders who are not in recovery?

	Not at all beneficial	Minimally beneficial	Moderately beneficial	Substantially beneficial	Invaluable
Attending a support group					
Working the 12 steps					
Working the 12 traditions					
Working the 12 concepts of service					
Being of service					
Practicing the slogans					
Working with a mentor					
Mentoring others					